

APPLICATION FORM

IMPORTANT NOTE: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

SECTION A	POLICYHOLDER'S DETAILS
Company Name	
Company Registration Number	
Nature of Business (Please choose from dropdown)	
Contact Person	
Office Number	
Mobile Number	
Email Address	
Company Address	

SECTION B	COVERAGE DETAILS
Cover Type	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third-Party Fire and Theft <input type="checkbox"/> Third Party Only
Period of Insurance	Cover Start Date: _____ Cover End Date: _____

SECTION C	VEHICLE DETAILS and NO CLAIMS DISCOUNT (NCD)
Make and Model	
Tonnage	
Body Type	<input type="checkbox"/> Lorry <input type="checkbox"/> Pick up <input type="checkbox"/> Van <input type="checkbox"/> Others _____
Seating Capacity (including driver)	
Vehicle Registration Number (If not available, please provide Chassis number and Engine number)	
Chassis Number	
Engine Number	
Year of Registration	
NCD Entitlement	
Number of at-fault claims, you have had, in the last 3 years for this vehicle (or from any vehicle if it is a replacement for this vehicle)	
Date(s) of accident, if any	
Total Claims Amount, if any	
Hire Purchase Company	
Driver options (Only selected drivers are covered by the policy. For example: if you select "You and any driver aged 25 or over", any driver aged 24 or below will not be covered if he/she drives your vehicle.)	<input type="checkbox"/> Any Driver <input type="checkbox"/> Any driver aged 25 or over <input type="checkbox"/> Any driver aged 30 or over <input type="checkbox"/> Insured only (Note: This is only applicable if the company is registered under Sole Proprietor and if this option is chosen, only the Sole Proprietor is allowed to use the vehicle)

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SECTION D	PREVIOUS INSURER DETAILS
Previous Vehicle Registration Number	
Previous Policy Number	
Previous Insurer	

SECTION E: VEHICLE USAGE

Social, domestic and pleasure purposes and for the Insured's business
 Hire and reward (carrying passengers who are not employee(s) of the insured)
 Others. Please specify: _____

Are goods carried flammable, corrosive or explosive in nature? No Yes (Please specify) _____

SECTION F: OPTIONAL COVER

Additional Accessories Tailgate
 Freezers
 Hoods
 Others. Please specify: _____

Sum insured (round up to the nearest S\$'000): _____

Riders Airside Extension
 Any Workshop Extension
 New Vehicle Replacement

SECTION G	DRIVER'S DETAILS (IF USAGE IS HIRE AND REWARD OR OTHERS)
Name of Driver	
NRIC/Fin	
Date of Birth	
Driving Experience	

SECTION H: DECLARATIONS

- The information you have provided in this application is true, correct and complete and shall form the basis of your insurance contract. You understand that under section 25 of the Insurance Act, if you withhold any information which you know or ought to know, your claim may not be payable.
- You are the registered owner of the vehicle.
- Your vehicle has no modification or any modifications your vehicle has are compliant with Land Transport Authority of Singapore.
- You and/or any other drivers are medically fit to drive and satisfy all driving regulations.
- You and/or any other drivers have never previously been refused motor insurance, declined renewal of motor insurance or had your motor insurance terminated by any insurer for any reason.
- The total number of claims you have had in the last 3 years is not more than 2.
- You hereby undertake to pay any difference arising from a discrepancy in the NCD or at-fault claims declared, failing which the policy may be cancelled by Aviva.
- You understand that Aviva will not be legally responsible for any claims until this application has been accepted by Aviva and premium has been fully paid by you.
- If you do not satisfy any of the criteria above, please provide the details below:

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SECTION I: PERSONAL DATA PROTECTION

I/We agree to be contacted by Aviva (and/or Aviva group of companies or their service providers) for special marketing offers, promotions, information about Aviva's products and services which may be of interest. I/We consent to the collection, use and disclosure of my/our personal data by Aviva and Aviva group of companies for the above purposes.

Please tick to provide your consent:

- By Mail or E-Mail
- By SMS
- By Telephone Call

I/We consent to Aviva (and Aviva related group of companies) collecting, using and disclosing my personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes:

- to issue and administer my existing and/or new policy(ies) and/or accounts with Aviva, and such other purposes ancillary or related to the administering of the policy(ies) and/or accounts, including the processing of my/our personal data for servicing, payment of premiums and/or claims purposes;
- for statistical, research, compliance, audit and regulatory purposes; and
- to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits and/or, adding riders/supplements) as well as to provide product recommendations to me/us, where applicable.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service provider(s), reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for this the above purposes.

For more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit www.aviva.com.sg/pdpa.html.

SECTION J: PAYMENT DETAILS

Cheque

Cheque No.:

Please make cheque payable to "Aviva Ltd."

Bank Transfer

Bank Transfer to Aviva Ltd's bank details:

Name of Account : Aviva Ltd
 Bank Account Number : 4513072079
 Bank Name : UOB Bank
 Branch Name : Raffles Place UOB Plaza
 Bank Code : 7375
 Branch Code : 001

Name and Signature of Authorised Signatory and Company Stamp:

Particulars of Agent

Name:

Code:

/ /

Date (DD / MM / YYYY)