



Allianz Insurance Singapore Pte. Ltd.

ALLIANZ MOTOR PROTECT

PROPOSAL FORM

IMPORTANT NOTICE

1. Statement pursuant to **Section 25(5) of the Insurance Act (Cap. 142)** or any amendments thereof: You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void and you may receive nothing from the policy.
2. This Proposal Form is not a contract of insurance.
3. The specific terms, exclusions and conditions applicable to this insurance are set out in the Policy that will be provided upon request.
4. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
5. In addition to answering the questions in this Proposal Form, you are to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
6. You must also tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.
7. Young and/or Inexperienced Driver Excess ("YIDR") of S\$2,500 (before GST), in addition to the Policy Excess, applies to any Authorised Driver (unnamed) who is below the age of 27 and/or has less than 1 year driving experience.
8. If the vehicle you are purchasing is registered under a company's name, please endorse with this Proposal Form with the company's stamp.
9. Allianz Motor Protect is underwritten by Allianz Insurance Singapore Pte. Ltd. ("Allianz").
10. Kindly attach payment with this Proposal Form.

Name of Intermediary:

Intermediary Code:	Reference No.:
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PARTICULARS OF PROPOSER/COMPANY

Name of Proposer/Company:	NRIC/Passport No:
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Date of Birth (dd-mm-yy):	Gender:
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Occupation:

Email:	Contact No.:
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Nationality:

Mailing Address:	Postal Code:
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Company Registration No. (If applicable):

Nature of Business (If applicable):

Name of Proposer / Company : _____

PARTICULARS OF PROPOSER/COMPANY *(continued)*

Period of Insurance From	To	Years of Driving Experience
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Any Claims in the past 3 years? (If Yes, kindly furnish details below) Yes No

DETAILS OF CLAIMS

Date	Total Amount	Description
	S\$	
	S\$	
	S\$	

PARTICULARS OF ADDITIONAL DRIVER(S)

Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims In Past 3 years	Years of Driving Experience	Occupation

DETAILS OF CLAIMS OF ADDITIONAL DRIVER(S)

Date	Total Amount	Description
	S\$	
	S\$	
	S\$	

Name of Proposer / Company : _____

DETAILS OF VEHICLE

Make & Model:	Engine No.:	Registration No.:
Engine Capacity:	Type of Body:	Chassis No.:
Year of Manufacture/Year of Registration:		Off-Peak Car: <input type="radio"/> Yes <input type="radio"/> No
Usage of Vehicle: <input type="radio"/> Peak Use – Personal and Work Commute <input type="radio"/> Outdoor Work Use <input type="radio"/> Off-Peak Use <input type="radio"/> Corporate		
Finance Company:	No Claim Discount (NCD):	
Offence Free Discount (OFD): <input type="radio"/> Yes <input type="radio"/> No	Current Vehicle for NCD Transfer:	
Current Insurance Company	Date of Current Policy Expiry/ Cancellation:	
Any Modification/Accessories (If Yes, please provide details): <input type="radio"/> Yes <input type="radio"/> No		

Please note that your NCD Protector is non-transferable to another insurer. The NCD Protector will not necessarily protect you against non-renewal or cancellation of your policy by your insurer.

OTHER INFORMATION

Have you or your Named Driver(s):

1. Have any serious traffic offences or had his/her license suspended or cancelled in the last 3 years?	<input type="radio"/> Yes	<input type="radio"/> No
2. Been given demerit points for traffic offences? If Yes, please provide the details:	<input type="radio"/> Yes	<input type="radio"/> No
Name of Driver:	Total Demerit Points Accumulated During the last 24 Months:	Date & Type of Offence:
3. Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive?	<input type="radio"/> Yes	<input type="radio"/> No
4. Been refused motor insurance at any time or subjected to special conditions?	<input type="radio"/> Yes	<input type="radio"/> No

Name of Proposer / Company : _____

5. Do you have any insurance terminated in the last 12 months due to a breach of any premium payment conditions? Yes No
6. Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past? Yes No

If any of the above answer is a 'Yes', please provide details:

PLAN COVER

PLAN TYPE	OPTIONAL COVER WITH ADDITIONAL PREMIUMS
<input type="radio"/> Comprehensive Plan <input type="radio"/> Fire and Theft Only Plan <input type="radio"/> Third-Party Only Plan	No Claim Discount (NCD) Protector Repairs At Any Workshop Personal Accident and Medical Expenses
Premium Payable (Plan Type)	Premium Payable (Optional Covers)

PREMIUM PAYMENT OPTION

- Credit Card** : Please fill in the **Credit Card Authorisation Form** attached to this Proposal Form
- PayNow** : UEN 201903913C
 Bill Reference Remarks : Please indicate your Vehicle No. followed by the Policyholder's name (individual or company name)
- Bank Transfer**
 Account name : ALLIANZ INSURANCE SINGAPORE PTE. LTD.
 Bank : HONGKONG AND SHANGHAI BANKING CORP LTD
 Account Number : 052- 823754-002 Swift Code : HSBCSGSGXXX
 Account Type : Corporate Currency : SGD
 Address : 79 ROBINSON ROAD #09-01 SINGAPORE 068897
 Payment Remarks : Please indicate your Vehicle No. followed by the Policyholder's name (individual or company name)
- Cheque**
 Bank Name : _____ Cheque No. : _____
To be crossed and made payable to Allianz Insurance Singapore Pte. Ltd.
 Payment Remarks : Please indicate your Vehicle No. followed by the Policyholder's name (individual or company name) on the reverse side of the cheque

GENERAL IMPORTANT NOTICE

1. Allianz Motor Protect is underwritten by Allianz Insurance Singapore Pte. Ltd. (Allianz).
2. You have a duty to tell us immediately if at any time after your contract of insurance has been entered, varied or renewed with us, any of the information given is inaccurate or has changed.
3. You should ensure that the Proposal Form is completed accurately as it forms the basis of the insurance contract.
4. This Proposal Form shall form part of the policy contract. Policyholders and Insured Persons are advised to read the Policy carefully and understand its contents. You are encouraged to seek clarification from Allianz if necessary.
5. The coverage will only be effective upon approval. Allianz reserves the right of acceptance of the Proposal Form.
6. This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Allianz or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).
7. Allianz does not provide commercial insurance coverage for vehicles used for private-hire services (e.g. Grab, Gojek, etc.).
8. Allianz shall not be able to provide cover that would expose it to any sanction, prohibition, or restriction under all applicable economic or trade sanction law or regulations. In connection with this, Allianz reserves the right to decline your application of this plan.
9. Allianz reserves the right to alter the Policy terms during any Period of Insurance as Allianz reasonably considers appropriate or if the Policy or Allianz is affected by a change in legislation or taxation, or any judicial decision. Allianz will give the Policyholder and Insured Person 30 days' written notice of any such alteration.
10. All information and facts which you know or ought to know, provided in connection with this application is true, accurate and complete. You understand that any inaccurate or false information given, or any omission of information required, may at Allianz discretion, render this application invalid.

IMPORTANT NOTICE TO THE SUBMITTING INTERMEDIARY

If you, the Intermediary, are submitting this form for another person who is the actual Proposer; and in consideration for Allianz processing this application upon your request:

- (a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- (b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything;
- (c) Where a third-party credit card is used, I/we declare that the cardholder has authorised and consented to such use; and
- (d) You, in your personal capacity, agree to indemnify and keep Allianz indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

DECLARATION

I/We hereby declare that the given answers and statements declared are true, and that I/We withheld no material information regarding this Proposal Form.

I/We agree that this Declaration, and the answers given on this Proposal Form, as well as any further Application or Declaration or Statement made in writing by me or anyone acting on my/ our behalf shall form the basis of the contract between me/us and Allianz, and I/We further agree to accept the indemnity subject to the conditions endorsed on Allianz’s Policy.

I/We agree that where a third-party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

I/We agree that if I am/We are submitting information relating to another individual, I/We represent and warrant that I/We have the authority to provide such information to Allianz. I/We have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by Allianz, as set out in the Allianz Privacy Policy. The individual agrees and consents, that Allianz may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to relevant parties as stated in the Allianz Privacy Policy. For more information, kindly visit the Allianz’s Privacy Policy at www.allianz.sg

I/We agree that no insurance shall commence until full premium payment is received by Allianz and subject to the acceptance and approval of this Proposal Form.

I/We are aware that I/We can seek advice from a qualified insurance advisor before I/We sign this Proposal Form. Should I/We choose not to, I/We take sole responsibility to ensure that this product is appropriate to My/Our financial needs and insurance objectives.

I/We declare this Proposal Form, Declaration and any other information provided shall form the basis of the insurance contract and I/We agree to accept the terms and conditions contained in the policy/policies and/or as modified or extended from time to time.

I/We consent to Allianz and its affiliates, third party service providers, related entities, and business partners as well as their and its respective representatives and/or agents, to collect, use, transfer and/or disclose all personal data related to me/us and other individuals which I/We had provided, whether within or outside of Singapore for the purposes including but not limited to underwriting, processing and administering any policy and/or claim, due diligence, renewals, audit, compliance, data storage, and providing general information about Allianz’s products and services, and general communication with me/us, digitally or otherwise. I/We warrant that I/We have obtained consent from the other individuals whose personal data I/We furnished for the above-mentioned purposes.

Marketing Consent

I give consent to Allianz and its affiliates to collect, use and disclose personal information, which has been provided in this application of the policy for the purpose of Allianz and its affiliates providing marketing material, in accordance with Allianz’s Privacy Policy and the Personal Data Protection Act 2012.

In addition, by checking the boxes below, I consent to be contacted by Allianz via telephone calls, SMS and/or other phone number-based messaging about products and services, regardless of my registration(s) with the Do Not Call registry.

Email Call Text messages/SMS

I may choose to withdraw such marketing consent by emailing Allianz at customerservice@allianz.com.sg or call Allianz at **1800 222 1818** or **+65 6222 1919**.

For more information, kindly visit the Allianz's Privacy Policy at www.allianz.sg

I/We have read and agree to all Declarations, Notices and Information as presented in this Proposal Form.

Signature of Proposer : _____
 Date (dd/mm/yyyy) : _____

Signature of Intermediary : _____
 Name of Intermediary : _____
 Date (dd/mm/yyyy) : _____



Allianz Insurance Singapore Pte. Ltd.

CREDIT CARD AUTHORISATION FORM

Important Notes:

- Any amendment must be countersigned by Cardholder.
- All prevailing foreign exchange rates to be incurred arising out of this authorisation form will be fully borne by the Cardholder and/or Policy Owner.
- Policy Owner's mobile number and email address provided will replace our records accordingly.
- All applicable refunds shall be made payable to the Cardholder.
- This authorisation form shall apply only to policies with premium payment methods by VISA / Master credit card and premiums are expressed in Singapore Dollars.
- Premiums that are charged to the Cardholder's credit card exceeding its credit limit available at the time of debit will be rejected. The Cardholder shall ensure that his / her credit limit is sufficient for the deduction.
- This authorisation will be rejected if any of the fields is not completed.
- Representatives are not allowed to pay premiums in any form for Policy Owner, whether in cash, cheque, credit card, or electronic means, with or without their knowledge or consent.
- Each of the specific authorisations set out above shall be in addition to any other consent and/or disclosure that the Applicant may have provided to Allianz Insurance Singapore Pte. Ltd. ("Allianz").
- All forms pre-dated more than 14 days or post-dated from the date of submission shall be rejected.

SECTION A – POLICY DETAILS

If Cardholder differs from Policy Owner, please indicate relationship for third party payment. Cardholder's identification documents are to be submitted with this application.

Name of Policy Owner As per NRIC/Passport (PP)		Policy Owner's NRIC/PP No. Last 3 digits + Alphabet (ie. 123A)	
Policy or Cover Note No.	Product & Plan Type	Premium Amount SGD incl GST	Relationship to Cardholder
Policy Owner's signature		Payment Frequency Monthly only applicable for SCB credit cards	
		<input type="radio"/> Monthly - 6	<input type="radio"/> Monthly - 12 <input type="radio"/> Full Premium

SECTION B – AUTHORISATION AND DECLARATION

- I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Allianz.
- I/We consent to Allianz (and its related companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Allianz.
- I/We also consent to Allianz (and its related companies) disclosing and transferring my/our personal data to Allianz (and its related companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- I/We have read and understood Allianz's Privacy Policy which may be found at <https://www.allianz.sg/Privacy-Policy.html>. Allianz's Privacy Policy may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.
- I, the Cardholder, understand that should payment not be successfully effected pursuant to this authorisation for any reason, Allianz shall under no circumstances be held responsible or liable in any manner whatsoever including any subsequent expiry of the policies due to late or non-payment of premiums.
- I understand that if the Cardholder is not the Policy Owner, the Cardholder shall have no rights under the Contracts (Rights of the Third Parties) Act to enforce any of the terms and conditions of the policy(ies).
- This authorisation shall be binding and remain valid, notwithstanding death of the Cardholder, irrespective whether or not these form/aforsaid policies are accepted by Allianz.

SECTION C – CREDIT CARD ACCOUNT DETAILS

Visa / Mastercard Authorisation (This authorisation supersedes any previous instruction)

I authorise Allianz Insurance Singapore Pte. Ltd. to charge the premium(s) to my credit card account for the above insurance policy(ies).

Cardholder's Name as per Bank's record	Cardholder's NRIC/Passport (PP) No.	Issuing Bank
		<input type="radio"/> Monthly - 6 } Standard Chartered Bank <input type="radio"/> Monthly - 12 } Credit Cards Only <input type="radio"/> Full Premium (kindly indicate Issuing Bank below)
Credit Card Number Only Visa or Mastercard		
Cardholder's Signature	Mobile Number +65	Expiry Date (mm/yy)
	Email Address	Date of Submission