

## Application for motor insurance

### Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may not be valid.

#### Details of registered owner

Name as shown in NRIC or company name		NRIC or passport or ROC number	Is your company GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No GST registration number
Date of birth (dd/mm/yyyy)	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please attach documentary proof)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pass date of driving licence (dd/mm/yyyy)	Contact number (O) _____ (H) _____ (Hp) _____	
Home or company address			Email
Is your occupation <input type="checkbox"/> indoor? <input type="checkbox"/> outdoor?	Name of employer		Language

Details of main driver if the registered owner **does not** have a valid driving licence (Name, NRIC number, date of birth, sex, driving experience, occupation - indoor or outdoor?).

#### Details of named drivers for private car

1 Name as shown in NRIC		NRIC or passport number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy)
Pass date of driving licence (dd/mm/yyyy)	Is your occupation <input type="checkbox"/> indoor? <input type="checkbox"/> outdoor?	Relationship to registered owner		
2 Name as shown in NRIC		NRIC or passport number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy)
Pass date of driving licence (dd/mm/yyyy)	Is your occupation <input type="checkbox"/> indoor? <input type="checkbox"/> outdoor?	Relationship to registered owner		

#### Details of insurance cover

Period (dd/mm/yyyy) From _____ To _____	No-claim discount (NCD) entitlement _____%
Please provide the details below for us to confirm your entitlement to a no-claim discount.	
Previous insurer _____	Policy number _____
Vehicle number _____	Expiry date (dd/mm/yyyy) _____
I will pay any difference in the premium due under the policy issued by Income if my previous insurer says that I am not entitled to NCD or that my NCD entitlement is lower than what is given here.	
<b>Private car</b> <input type="checkbox"/> Drivo Premium Plan (repair at preferred workshop) <input type="checkbox"/> Drivo Classic Plan (repair at quality workshop) <input type="checkbox"/> Third party fire and theft <input type="checkbox"/> Third party	
<b>Commercial vehicles or motorcycle or others<sup>^</sup></b> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party fire and theft <input type="checkbox"/> Third party	
This applies to motorcycles only. Details of one extra named driver - one driver only (Name, NRIC number, date of birth, driving experience, occupation - indoor or outdoor?)	

#### Optional cover

For Drivo plans only <input type="checkbox"/> <b>Waiver of excess</b> <input type="checkbox"/> <b>Transport allowance</b> (\$50 a day up to seven days) <input type="checkbox"/> <b>NCD protection</b> (Applicable to 30% NCD and above) <table style="width: 100%;"> <tr> <td><b>Additional excess</b></td> <td><b>Premium reduction</b></td> </tr> <tr> <td><input type="checkbox"/> \$ 500</td> <td>8%</td> </tr> <tr> <td><input type="checkbox"/> \$ 1,000</td> <td>12%</td> </tr> <tr> <td><input type="checkbox"/> \$ 1,500</td> <td>15%</td> </tr> </table>	<b>Additional excess</b>	<b>Premium reduction</b>	<input type="checkbox"/> \$ 500	8%	<input type="checkbox"/> \$ 1,000	12%	<input type="checkbox"/> \$ 1,500	15%	<input type="checkbox"/> <b>Do not want to insure</b> COE and PARF value (This does not apply to third party cover.) Accessories (not factory-fitted) i Description of accessories: _____ _____ ii Total value of accessories: _____
<b>Additional excess</b>	<b>Premium reduction</b>								
<input type="checkbox"/> \$ 500	8%								
<input type="checkbox"/> \$ 1,000	12%								
<input type="checkbox"/> \$ 1,500	15%								

<sup>^</sup>Delete where necessary

## Type and details of motor vehicle

<b>Type</b>			
<input type="checkbox"/> Private car	<input type="checkbox"/> Saloon <input type="checkbox"/> SUV	<input type="checkbox"/> Off-peak car <input type="checkbox"/> Station wagon or MPV	<input type="checkbox"/> Coupe <input type="checkbox"/> High-performance or turbo
<input type="checkbox"/> Commercial vehicle	<input type="checkbox"/> Standard van <input type="checkbox"/> Standard lorry with crane	<input type="checkbox"/> Standard lorry or pickup <input type="checkbox"/> Standard lorry with tailgate or power gate <sup>^</sup>	<input type="checkbox"/> Refrigerated vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Tow truck
<input type="checkbox"/> Bus <input type="checkbox"/> Tourist <input type="checkbox"/> Non-tourist	<input type="checkbox"/> Mixer <input type="checkbox"/> Tanker <input type="checkbox"/> Others (give details): _____	<input type="checkbox"/> Prime mover <input type="checkbox"/> Ambulance	<input type="checkbox"/> Hood or canopy <input type="checkbox"/> Garbage truck <input type="checkbox"/> Tipper
<input type="checkbox"/> Motorcycle <input type="checkbox"/> Side car			
Make and model		Usage <input type="checkbox"/> Private <input type="checkbox"/> Company <input type="checkbox"/> Others (give details): _____	
Registration number	Original registration date (dd/mm/yyyy)	Engine number	Chassis number
Seating capacity (including driver)	CC or Tonnage <sup>^</sup>	(For commercial vehicle only) Unladen weight: _____ Laden weight: _____	
Name of finance company (if under a hire-purchase agreement)			

## Other details

Have you or your named drivers been convicted of any driving offences (not including parking) in the past three years? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If Yes, please give details.			
Have you or your named drivers been involved in any motor accident in the past three years? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If Yes, please give details below.			
Date of accident	Name of insurance company	Type of claim (own damage or third party property or third party injury)	Amount of claim
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out No-claim discount (NCD) and claims verification;
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (f) provide financial advice for product recommendation based on your financial needs analysis;
- (g) provide ongoing services and respond to your inquiries or instructions;
- (h) make or obtain payments;
- (i) investigate and settle claims;
- (j) recover any debt owed to us;
- (k) detect and prevent fraud, unlawful or improper activities;
- (l) conduct research and statistical analysis;
- (m) coach employees and monitor for quality assurance;
- (n) reinsure risks and for reinsurance administration;
- (o) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

**2. Disclosure of personal data**

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) insurance intermediaries;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

**3. Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**4. Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

**5. Consent to receive marketing materials**

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

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

Call  Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.  
I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or DPO@income.com.sg.  
Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

**Declaration by person applying**

I declare that the motor vehicle described above will be kept in an efficient and roadworthy condition, and that the above information is true, correct and complete, otherwise, I understand that you may make this policy void or refuse a claim.

I agree that this application and other statements, information or declaration I have made or which has been made on my behalf (including declarations made over the phone and internet) will form the basis of the contract of insurance between me and you (Income).

I understand and agree to the 'Personal data collection statement'.

You will not be legally responsible for any claims until you have accepted this application and I have paid the premium in full.

I agree that if I or any \*Relevant Person is found to be a \*Prohibited Person, you are entitled not to accept this application. If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

\* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

+ Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.

\_\_\_\_\_  
Your signature and company stamp (if this applies)

\_\_\_\_\_  
Date (dd/mm/yyyy)

**Important notes to registered owner/policyholder**

- 1 Please answer all the questions or write 'NIL' or 'NA' where appropriate.
- 2 If the registered owner does not have a valid driving licence, you must give the details of the main driver in this application form.
- 3 All private car policyholders are responsible for an unnamed driver excess of \$2,500, as well as other excess shown under the policy contract, if the unnamed driver is under 27 years old or has less than one year's relevant driving experience. The unnamed driver excess is \$500 if the unnamed driver is aged 27 years old or above or has at least one year's driving experience.
- 4 All motorcycle policyholders (for company registered vehicle) are responsible for an extra excess of \$500 if the authorised driver is under 22 years old or has less than two years' driving experience.

**For official use**

Representative's name	Representative's code	Policy number
Checked by	Date (dd/mm/yyyy)	Premium
Remarks		