

## H. Personal Data

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

By providing this information, I understand and give my consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to:

- a. Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- b. Collect, use, store, transfer and/ or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- c. Contact me to share with me information about products and services from AXA that may be of interest to me by post and e-mail and  
 By telephone       By fax       By text message

## I. DECLARATION & SIGNATURE

1. I declare and agree to insure my motor vehicle with AXA Insurance Pte Ltd and I agree to accept the Company's Policy subject to the terms, conditions and exceptions of the Policy. I declare that the abovementioned Motor Vehicle is and will be kept in good condition.
2. I undertake that all answers given in this proposal are true and correct and that this Proposal and Declaration shall form part of the contract between the Company and myself.
3. I agree to give my consent for the Company to verify any given information with the relevant authority.
4. I acknowledge that should there be a change in any information provided, the premium quoted may be revised. I further acknowledge that the No Claim Discount is subject to confirmation by my current insurer and any difference in the No Claim Discount may affect the basic premium quoted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Smart Drive Private

## APPLICATION FORM

The perfect fit for all your  
motor insurance needs



**AXA INSURANCE PTE LTD**  
 8 Shenton Way #24-01 AXA Tower,  
 Singapore 068811  
 Customer Centre #01-21  
 ☎ 1800 8804888 (Within Singapore)/  
 (65) 6880 4888 (International)  
 🌐 [www.axa.com.sg](http://www.axa.com.sg)  
 GST Registration No.: 199903512M  
 Co. Registration No.: 199903512M

Quotation Reference Number	Name of Intermediary	Account Code

#### IMPORTANT NOTES

- Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof requires you to tell us (AXA Insurance Pte Ltd) everything you know, or could reasonably be expected to know, that is relevant to our decision to insure you, otherwise the Policy issued may be void.
- Our liability in respect of this proposal does not commence until acceptance has been communicated by us to you.
- Your policy carries a Payment Before Cover Warranty Clause, which requires the premium to be paid in full on or before the inception date of the cover. This is applicable for individual insured. For non-individual insured, your policy carries a Premium Warranty Clause, which requires the premium to be paid in full within 60 days from the commencement of the cover. Failing to comply with the above, there would be no liability under the Policy.
- You must answer all the questions in this Application Form. Any questions not answered will be taken as answered in the negative.
- If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Application Form.
- 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 your insurer or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

#### A. PROPOSER

Full name of Proposer (As shown in Nric, please underline surname)

Mr  Ms  Mrs  Mdm  Dr \_\_\_\_\_

Passport / Nric No \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Gender  Male  Female

Tel No. \_\_\_\_\_ (O) \_\_\_\_\_ (H) \_\_\_\_\_ (Mobile)

Email \_\_\_\_\_

Address \_\_\_\_\_

Driving Experience \_\_\_\_\_ Years Occupation \_\_\_\_\_

#### B. VEHICLE DETAILS

Make and Model \_\_\_\_\_ Registration No \_\_\_\_\_

Body Type \_\_\_\_\_ Engine Capacity \_\_\_\_\_ Year of Make \_\_\_\_\_

Engine No \_\_\_\_\_ Chassis No \_\_\_\_\_

Seating Capacity (excluding driver) \_\_\_\_\_

Finance Co./Bank/Employer's Loan \_\_\_\_\_

Any Modification?  Yes  No

#### C. COVER DETAILS

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

Coverage  Comprehensive  Third Party Fire & Theft  Third Party Only

Exclude COE:  Yes  No Off-Peak Car:  Yes  No

NCD Protector:\*  Yes  No (Applicable for 50% NCD with no claims in previous year only)

\*The No Claims Discount that is protected under this option is not transferable to any other insurer on the move of the Policy from Us to that other insurer.  
 The No Claims Discount Protector does not protect you against non-renewal or the cancellation of your motor policy by the insurer.

#### D. NAMED DRIVERS' PARTICULARS

	Named Driver (1)	Named Driver (2)
Name (as in NRIC, please underline surname)		
NRIC/Passport No.		
Date of birth		
Gender	Male / Female	Male / Female
Marital Status	Single / Married / Others	Single / Married / Others
Nationality		
Year Driving Licence Obtained		
Relationship to Proposer		
Occupation		
Claim, if any		
No Claim Discount, If any	%	%

#### E. OTHER INFORMATIONS (Please Circle Your Answer)

- Do you or any of the drivers stated in this form have or ever had:
  - Any physical or mental infirmity or defective vision or hearing? Yes/No
  - Any traffic conviction (excluding parking fines) in the last 3 years? Yes/No
  - Any accident in the last 3 years? If yes, please give details and amount: \_\_\_\_\_ Yes/No
  - Been entitled to any "No Claim Discount"? If yes, please indicate: NCD entitlement \_\_\_\_\_ Yes/No  
 Previous Insurer \_\_\_\_\_ Vehicle No \_\_\_\_\_
- Has any insurance company or underwriter at any time in respect of motor insurance (new or renewal) in your name or in the name of any other person who, to your knowledge, drives the car:
  - Declined any proposal? Yes/No
  - Cancelled any policy of insurance? Yes/No
  - Imposed an excess or other special terms? Yes/No
  - Refused to renew any policy of insurance? Yes/No  
 If your answers to any of the above question is "Yes", please give details: \_\_\_\_\_

#### Payment Method

Please choose only **ONE** payment mode

##### Cash/Nets

Make your payments at our AXA Customer Centre at AXA Tower during office hours (Monday to Friday, 9.00am to 5.00pm). Please do not send cash by post.

##### Cheque

Crossed and made payable to AXA Insurance Pte Ltd.  
 Please indicate the Product, Name, NRIC and Contact Number clearly on the back of the cheque. Please do not send post-dated cheques.

Bank: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

##### Credit Card

Make payment:-

- by downloading the AXS app to make payments online from the comfort of your home anytime, any day; or
- at AXS stations located island-wide; or
- Please check the box below to receive a link to make your payment online.

I would like the payment link to be sent to the Email Address stated in this application form

In order to enhance the security of your credit card data, please note that we will no longer accept credit card authorisation forms or ask for your full card number via phone.