

# Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)

11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302  
 Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## MOTOR PROPOSAL FORM – Private Car

<b>Important Notice</b>	1) Statement Pursuant to Section 25(5) of the Insurance Act – We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy. 2) Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover. 3) Coverage is void if the vehicle does not have a valid Certificate of Entitlement. 4) You are advised to keep a copy of this proposal form for your future reference. 5) The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above. 6) A specimen copy of the policy form is available on request.
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Agency: \_\_\_\_\_ Policy No: **D** \_\_\_\_\_

<b>Coverage Required</b>	<input type="checkbox"/> <b>Comprehensive*</b> (For Private Car, please select plan) <input type="checkbox"/> <b>3<sup>rd</sup> Party Fire &amp; Theft*</b> <input type="checkbox"/> <b>3<sup>rd</sup> Party</b>	<input type="checkbox"/> Private Use <input type="checkbox"/> Rental <input type="checkbox"/> Others _____	<b>Sum Insured =</b> Market Value at Time of Loss 
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**Period of Insurance:** From: DD MM YY To: DD MM YY (both dates inclusive)

<b>Private Car Comprehensive Plans</b>	<input type="checkbox"/> <b>ExcelDrive Prestige</b> (Car age 0 to 3 years) Features include: 1. Compulsory that repair is carried out at ExcelDrive Workshop (EDWS) or at manufacturer's or distributor's appointed workshop 2. Excess waived up to S\$1,000 each claim at EDWS for first 2 claims 3. Windscreen Repair (a) @ Distributor's appointed workshop - reinstatement is to be arranged subject to premium charges; (b) @ EDWS – Nil Excess & reinstatement is free & automatic. Windscreen reinstatement is limited to once during any Period of Insurance.	<input type="checkbox"/> <b>ExcelDrive Gold</b> (Car age 0 to 8 years) Features include: 1. Compulsory that repair is carried out at EDWS 2. Excess waived up to S\$1,000 each claim at EDWS for first 2 claims 3. Up to 10% premium discount from ExcelDrive Prestige Plan. 4. Windscreen Repair @ EDWS – Nil Excess & reinstatement is free & automatic, limited to once during any Period of Insurance.
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<b>The Proposer</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mdm. <input type="checkbox"/> Dr. <b>Name :</b> _____ <b>Address :</b> _____ _____ S( )	Any Business in West Malaysia? <input type="checkbox"/> Yes <input type="checkbox"/> No How often do you drive to West Malaysia? <input type="checkbox"/> weekly or more <input type="checkbox"/> once a month or less
	<b>Nationality</b> <input type="checkbox"/> S'porean/S'pore Permanent Resident <input type="checkbox"/> Others _____	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married	<b>Contact Nos:</b> OFF) _____ RES) _____ HP) _____ PG) _____
	<b>NRIC/FIN</b> _____ <b>Email:</b> _____	
	<b>Date of Birth</b> DD MM YY	<b>Occupation/Business:</b> _____ <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <b>Employer's Name:</b> _____
	<b>Valid Driving License?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Driving Experience (Yrs):</b> _____ (In Singapore)	<b>Demerit Points?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Pts <b>Driving License been suspended / revoked?</b> (include Named Driver) <input type="checkbox"/> No <input type="checkbox"/> Yes, when & why _____

<b>Particulars of Motor Vehicle</b>	<b>Registration No:</b> _____ <b>Make of Vehicle:</b> _____ <input type="checkbox"/> Saloon <input type="checkbox"/> Multi Purpose Vehicle-MPV <input type="checkbox"/> Coupe <input type="checkbox"/> Sports Utility Vehicle-SUV <input type="checkbox"/> Cabriolet <input type="checkbox"/> Stationwagon <input type="checkbox"/> Others _____	<b>Year of Manufacture:</b> _____ <b>Parallel Imported</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Year of Registration:</b> _____ <b>Seating Capacity:</b> _____ As stated on Log Card and/or MPC Label <b>Engine Capacity:</b> _____ cc <b>COE Expiry Date:</b> DD MM YY Engine No : _____ Chassis No : _____ HP Owners : _____
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<b>NCD</b>	<b>No Claim Discount %</b> _____ If NCD is "NIL" please indicate reason: <input type="checkbox"/> First Time car owner <input type="checkbox"/> Have not owned a car for > 1yr <input type="checkbox"/> Owned a car for < 1 yr <input type="checkbox"/> Have made claims within the past 2 yrs <input type="checkbox"/> Have been driving company's / relative's car <input type="checkbox"/> Own another vehicle, ownership of this vehicle is new
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**Free NCD Protector for Motorists with 30% NCD or more**

