

G. SMARTDRIVE UNDERTAKING

Enjoy 15% discount on AXA Premium Workshops Yes No (If yes, please see below)

To use AXA Premium Workshops in the event of Motor claims

You agree that, in consideration of your agreement to use exclusively any one of AXA Premium Workshops strategically located in Singapore for all your accident repairs, the following Exclusive Benefits will be accorded to you and endorsed to your Policy :

Exclusive Benefits For Agreement To Use AXA Premium Workshops

1. Premium discount 15%
2. Reduction of Basic Own Damage Excess for Insured and Named Drivers as follows:
 - 50% NCD - Nil Excess
 - 0% to 40% NCD - Excess halved
3. Nine (9) Months Warranty for Repairs
4. Reduced Undeclared Young & Inexperienced Driver Excess to S\$2,500
5. Repatriation cost whilst driving in West Malaysia & Peninsular Thailand
6. Loss of Personal effects following accident/robbery in Singapore
7. Personal Accident Benefits of S\$30,000
 - * If the Insured is a company, this benefit is applicable to the main driver only

This Undertaking to use AXA Premium Workshops will remain in force for the current period of Insurance. This undertaking will continue to remain in force on renewal of the policy unless otherwise instructed by you in writing to AXA.

You confirm that you understand that in the event that you do not have your accident repairs done at an AXA Premium Workshop, AXA shall not be liable to indemnify you for the costs of any repairs to your car undertaken by other workshop or repairer or to provide you with any of the benefits mentioned above.

AXA Premium Workshops shall mean such repairers or workshops are appointed by AXA from time to time, and are subject to changes.

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 Singapore and AXA Life Insurance Singapore (collectively "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 Singapore 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 _____

*APW Scheme discount is revised to 15% w.e.f. 1st August 2010

Smart Drive Private

APPLICATION FORM

The perfect fit for all your
motor insurance needs

TFS/SD/APP/May2014

800450378

redefining / insurance





AXA INSURANCE SINGAPORE PTE LTD
 8 Shenton Way #27-01 AXA Tower,
 Singapore 068811
 Customer Care Department: #B1-01
 ☎ 1800 8804888 (Within Singapore)/
 (65) 6880 4888 (International)
 ☎ (65) 6338 2522
 🌐 www.axa.com.sg
 GST Registration No.: M2-0009922-2
 Co. Registration No.: 196900406D

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 Singapore 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 to 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 or 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:
 - (a) Any physical or mental infirmity or defective vision or hearing? Yes/No
 - (b) Any traffic conviction (excluding parking fines) in the last 3 years? Yes/No
 - (c) Any accident in the last 3 years? If yes, please give details and amount: _____ Yes/No
 - (d) 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:
 - (a) Declined any proposal? Yes/No
 - (b) Cancelled any policy of insurance? Yes/No
 - (c) Imposed an excess or other special terms? Yes/No
 - (d) 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

CHEQUE - Crossed and made payable to AXA Insurance Singapore Pte Ltd.

Bank: _____ Cheque Number: _____

CREDIT CARD

Choose only ONE payment mode

Single Deduction <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	0% Interest Free Installment Plan¹ Applicable for Visa and MasterCard Only <input type="checkbox"/> OCBC <input type="checkbox"/> DBS <input type="checkbox"/> POSB <input type="checkbox"/> UOB Installment Period <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months
Issuing Bank: _____	

Cardholder's Name: _____

State Relationship (where cardholder is not the Insured)¹: _____

Card No.: | | | | | | | | | | | | | | | | | | | | | |

Expiry date: | D | D | | M | M | Y | Y | Card Verification Value Code (CVV)²: | | |

Cardholder's Signature: _____ Contact No: _____ Date: _____

¹ Your security is our concern. If cardholder is not the Insured nor the insured's spouse, parent, parent-in-law, child or sibling. AXA Insurance reserves the right to reject payment via credit card.
² CVV - For AMEX, it is the 4-digit no. printed on the front of the card above the card number.