

11) Is there any unrepaired damages on the vehicle? *[If yes, please state below. Below diagram can be used for ease of reference]*

YES

NO

.....

.....

.....

.....



12) Have you had a motor vehicle accident or made any claim on a policy of insurance?

YES

NO

[If yes, please state particulars below]

Date	Details of Accident	Insurance Company	Approximate Amount	Driver	Who was at Fault?

OFFICE USE ONLY

PREMIUM DETAILS:

Base Premium	\$	_____
Optional Add Ons:		_____
*Rental Option	\$	_____
*Windscreen Excess Waiver	\$	_____
*Breach of Warranty	\$	_____
Sub total	\$	_____
Admin Fee on premium payment	\$	_____
VAT	\$	_____
Stamp Duty	\$	_____
Amount Payable	\$	_____

PREMIUM TYPE *[Tick 1 only]*

- 1) Full Premium Upfront
- 2) 50% Upfront & 50% Within 60 Days
- 3) Half Yearly Arrangement *[Subject to 5% Admin Fee]*
- 4) Quarterly Arrangement *[Subject to 7.5% Admin Fee]*
- 5) Monthly Arrangement - 9 Months only *[Subject to 7.5% Admin Fee]*

PAYMENT MODE:

Receipt No:

Payment Voucher No:

OFFICE USE ONLY

EXCESS

Basic Excess:

Windscreen Excess:

UNDERAGE EXCESS *[In addition to basic excess]:*

1. 21 years of age and under	.....	\$350.00	.....
2. Aged 25 or under but over 21 years	.....	\$350.00	.....
3. Over 25 but less than 3 years driving experience	.....	\$350.00	.....
4. Learner Driver	.....	\$350.00	.....

The Agent, Branch and the Company will be free from all liabilities until the proposal has been accepted and the policy issued

DECLARATION:

- The underwriter will rely upon the information you have provided in this Proposal Form together with any other statements, facts or information you have provided when deciding whether to accept this insurance and the terms offered including the amount of premium payable and policy excess.
- If you are in any doubt as to the completeness and accuracy of the statements and facts you are providing, you should consult us.
- I/We declare and warrant the truth of the foregoing statements and agree that this Proposal and Declaration shall be the basis of contract for this insurance and I/We further agree to accept the Company's Policy subject to the terms and conditions and exclusions contained therein.
- I/We hereby authorise SUN Insurance or its Branch and Agents to obtain and release information relating to this insurance or any other insurance held by me/us including details of any claims.
- I/We hereby declare that we have read and understood the duty of disclosure and its effect set out at the commencement of this proposal.

Proposers Signature:

Proposer 1:

Date:/...../.....

Proposer 2:

Company Stamp: