

Application for Prestige Plan

Statement pursuant to Section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it)
You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for.
Otherwise, the insurance policy issued may not be valid.

Details of registered owner or main driver (must be at least age 33)

Name as shown in NRIC		NRIC or passport number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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)		
Pass date of driving licence (dd/mm/yyyy)	Contact number (O) (H) (Hp)			
Home address		Email		
Is your occupation <input type="checkbox"/> indoor? <input type="checkbox"/> outdoor?	Name of employer	Language		
Complete this portion if the vehicle is registered under an organisation		Is your company GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of organisation: _____		GST registration number: _____		
Business registered address: _____		ROC number: _____		

Details of named drivers (must be at least age 33 and driven for at least 3 years)

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 (no accident claims for 3 years)

Period (dd/mm/yyyy) From _____ To _____	No-claim discount (NCD) entitlement _____% (need at least 30% NCD) [^]
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.	
Private car	<input type="checkbox"/> Prestige Plan (repair at preferred workshop)
	<input type="checkbox"/> Third party fire and theft <input type="checkbox"/> Third party

Optional cover

<input type="checkbox"/> NCD protection (Applicable to 30% NCD and above)	<input type="checkbox"/> Accessories (not factory-fitted)
<input type="checkbox"/> Transport allowance (\$50 a day up to seven days)	i Description of accessories: _____ _____
	ii Total value of accessories: _____

[^] As policyholder you must have a no-claim discount of at least 30% or own more than one car and not claimed for an accident in the last three years.

Details of motor vehicle

Is this an off-peak vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Make and model			
Registration number	Original registration date (dd/mm/yyyy)	Engine number	Chassis number
Seating capacity (including driver)	CC	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? If Yes, please give details. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you or your named drivers been involved in any motor accident in the past three years? If Yes, please give details below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
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. Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products, and related services, programmes and events, via telephone calls, text messages, faxes, mails, or emails.

Yes No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

6. Income's rewards programme

Please indicate if you wish to be a member of Income's rewards programme.

Yes No

If you would like to receive updates on the rewards programme, please also select "Yes" under the marketing material option.

For more information on Income's rewards programme, please visit www.income.com.sg/rewards

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.

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 The minimum entry age for a policyholder and named drivers is 33 years old.
- 3 The minimum driving experience for a policyholder and named drivers is three years.
- 4 The registered owner must be the main driver except for registered company in which case there can be up to two named drivers.
- 5 This policy does not cover any unnamed drivers.
- 6 This policy only covers certain models.

For official use

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