

Motor Insurance - Quotation Request Form

About the Insured :	
Name *	
NRIC *	
Date of Birth *	
Marital Status *	Married / Single
Sex *	Male / Female
Occupation *	(Indoor/Outdoor)
Driving Experience (Years) *	
NCD Amount (%) *	
Claims experience* (last 3 Years) ?	Yes / No No. of Claim: ()
If Yes, please provide details Date, amount & nature of claim	
About other Name Drivers:	
Name of Driver	
Date of Birth, OR Age	
Driving Experience (Years)	
Relationship	
About the Vehicles :	
Vehicle No. *	
Year of Manufactured	
Made/Model	
Engine Capacity	
Parallel Imported	Yes / No
Finance Company (if any)	
About the Policy :	
Previous Insurer	
Type of Coverage required	
Expiry Date	
Premium Quoted	
Excess Amount	

Note: Items with asterisk* are compulsory fields for quotation.

Promotion Code - if any	
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Please fax to: **6234-3192**, together with copy of your Renewal Notice.