

MOTOR INSURANCE SURVEY FORM

Please Fax to: 6234-3192

X-Date (1)

*Owner's Name: _____ *Owner's NRIC: _____ *Contact No: _____
*Occupation: _____ *Marital Status: _____ *Date of Birth: _____
*Renewal NCD: _____ *Driving Exp: _____ *Gender: _____
*Veh. Reg'd No: _____ Made/Model: _____ *Any Claim: _____
Year Mf'd: _____ *Current Insurer: _____ Expiry Date: _____
Additional Info: _____

X-Date (2)

*Owner's Name: _____ *Owner's NRIC: _____ *Contact No: _____
*Occupation: _____ *Marital Status: _____ *Date of Birth: _____
*Renewal NCD: _____ *Driving Exp: _____ *Gender: _____
*Veh. Reg'd No: _____ Made/Model: _____ *Any Claim: _____
Year Mf'd: _____ *Current Insurer: _____ Expiry Date: _____
Additional Info: _____

X-Date (3)

*Owner's Name: _____ *Owner's NRIC: _____ *Contact No: _____
*Occupation: _____ *Marital Status: _____ *Date of Birth: _____
*Renewal NCD: _____ *Driving Exp: _____ *Gender: _____
*Veh. Reg'd No: _____ Made/Model: _____ *Any Claim: _____
Year Mf'd: _____ *Current Insurer: _____ Expiry Date: _____
Additional Info: _____

X-Date (4)

*Owner's Name: _____ *Owner's NRIC: _____ *Contact No: _____
*Occupation: _____ *Marital Status: _____ *Date of Birth: _____
*Renewal NCD: _____ *Driving Exp: _____ *Gender: _____
*Veh. Reg'd No: _____ Made/Model: _____ *Any Claim: _____
Year Mf'd: _____ *Current Insurer: _____ Expiry Date: _____
Additional Info: _____

Surveyed by: _____ Code: _____ Date: _____