

Motor Insurance Quotation Request Fact Form

Financial Advisor:

RENEWAL

Date Submitted:

QUOTE:

Particulars of Registered Owner

Insured Name				Nationality		NRIC / ROC No		Date of Birth	
Gender	Marital Status	Occupation : Indoor/Outdoor			License Passed Date		Safe Driving Discount		
Vehicle Regn. No.		Make	Model & Body Type				Parallel Import		Off-Peak
Veh. Regn Date	Year Mfg	Engine CC	No of Seats	NCD %	Vehicle No	Current Insurer			
Type of Scheme Authorized / Non Authorized Workshop			NCD Protector		Period of Cover				
For Commercial Vehicle (indicate tonnage)			Unladen Weight (kgs):			Maximum Laden Weight (kgs)			
Nature of Business (Commercial & Corporate Vehicle)						Finance Company			
Optional / Additional Cover for Commercial Vehicle Only									
Third Party Working Risk			Air Side Cover		PAB		Others		

Insured Not Driving (Main Driver) / Additional Named Drivers

Insured Name				Nationality		NRIC No		Date of Birth	
Gender	Marital Status		Licence Passed Date		Occupation : Indoor/Outdoor			Relation to Insured	

Any Claims in the Past 3 Years

If yes, please provide details – Date of Accident, Nature of Accident, Type of Claims (OD/TPD/TB) & Claims Amount
