

MotorSafe Quotation Form

The Insurance Act: In this quotation form, you are required to describe fully and faithfully all the facts you know or ought to know in respect to the risk that is being proposed.

Please tick where appropriate

(A) Particulars of Insured

Name Mr/Mrs/Ms/Mdm/Dr* _____ (*delete if not applicable)
 (please underline surname)

Residential address _____ Postal code _____

NIRC/Passport No _____ Date of Birth(DD/MM/YYYY) _____

Nationality Singaporean Permanent Resident Others (please specify) _____

Marital Status Single Married Gender Male Female

Occupation _____ (Indoor/ Outdoor)*

Tel _____ (O) _____ (H) _____ (Hp)

Email _____

Physical Impairment? No Yes (please specify) _____

(B) Details of Driver(s)

(i) Main Driver

Name Mr/Mrs/Ms/Mdm/Dr* _____ (*delete if not applicable)
 (please underline surname)

Gender Male Female Date of Birth (DD/MM/YYYY) _____

NIRC/Passport No _____ Occupation _____ (Indoor/ Outdoor)*

Relationship to Applicant _____ Years of driving experience _____

(ii) Second Driver

Name Mr/Mrs/Ms/Mdm/Dr* _____ (*delete if not applicable)
 (please underline surname)

Gender Male Female Date of Birth (DD/MM/YYYY) _____

NIRC/Passport No _____ Occupation _____ (Indoor/ Outdoor)*

Relationship to Applicant _____ Years of driving experience _____

(iii) Third Driver

Name Mr/Mrs/Ms/Mdm/Dr* _____ (*delete if not applicable)
 (please underline surname)

Gender Male Female Date of Birth (DD/MM/YYYY) _____

NIRC/Passport No _____ Occupation _____ (Indoor/ Outdoor)*

Relationship to Applicant _____ Years of driving experience _____

(C) Type and Detail of Vehicle

Registration No _____ Engine No _____
 Year of Registration _____ Chassis No _____
 Make/Model _____ Engine Capacity (cc) _____
 Year of Manufacture _____ Seating Capacity (including driver) _____
 Usage of Vehicle Social, Domestic & Pleasure Business
 Type Saloon Stationwagon/MPV SUV/HRV Cabriolet/Convertible Sports/Coupe
 Turbo Hybrid (CNG) Others (please specify) _____

(D) Details of Cover Required

Period of Insurance From(DD/MM/YYYY) _____ To(DD/MM/YYYY) _____
 Cover Type Comprehensive Third Party Fire & Theft Third Party
 Insuring COE/PARF Yes No
 NCD Entitlement 0% 10% 20% 30% 40% 50%

(E) Other Information

Parallel Import Yes No Off-peak car Yes No
 Enhancement to Engine No Yes (please specify) _____

Have you or any other drivers had any motor accidents in the last 3 years? If so, please supply details below, or on a separate sheet if the space if below is not sufficient.

Date of Accident	Name of Driver	Details of Accident	Claim Amount	
			Own Damage	Third Party Damage

Have you, or has any person whom to your knowledge will drive, been convicted of any offence in connection with any motor vehicle or had their driving licence endorsed or suspended? Is any Police prosecution pending (other than parking offences)? If Yes, please specify

For enquiries and quote, please contact:-

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Important Note:-
This is not a contract of insurance. Terms & conditions apply.