

**HIGH PERFORMANCE MOTOR QUOTATION FORM**Pls email to [aspetra.motor@gmail.com](mailto:aspetra.motor@gmail.com) or Whatsapp to 90094197

REF NUMBER:

RELEASE DATE/TIME:

FROM:	
CONTACT:	
EMAIL:	

**AGENCY: ASTRA ASSURANCE AGENCIES LLP**

COY/AGENCY NAME:	
DATE REQUESTED:	

**INSURED PARTICULARS**

INSURED NAME:	
GENDER:	MALE / FEMALE
MARITAL STATUS:	SINGLE / MARRIED
DRIVING EXPERIENCE:	est          years

NRIC:	
DOB:	
OCCUPATION:	
FINANCE COY:	

**ADDITIONAL NAMED DRIVERS (IF ANY)**

NAME:	
GENDER:	MALE / FEMALE
MARITAL STATUS:	SINGLE / MARRIED
DRIVING EXPERIENCE:	est          years

NRIC:	
DOB:	
OCCUPATION:	
RELATIONSHIP TO DRIVER:	

**ADDITIONAL NAMED DRIVERS (IF ANY)**

NAME:	
GENDER:	MALE / FEMALE
MARITAL STATUS:	SINGLE / MARRIED
DRIVING EXPERIENCE:	est          years

NRIC:	
DOB:	
OCCUPATION:	
RELATIONSHIP TO DRIVER:	

**INSURED EXISTING INSURANCE PARTICULARS**

RENEWAL NCD:	0 / 10 / 20 / 30 / 40 / 50 %
CURRENT INSURER:	
EXPIRY DATE:	
RENEWAL PREMIUM:	\$
RENEWAL EXCESS:	\$
NCD PROTECTOR:	YES / NO

**IF ANY**

ACCIDENTS IN PAST 3 YRS:	YES / NO
Total Claims Amount:	\$
Date of Claim (mm/yr):	
Details of Claim:	
SAFE DRIVER DISC:	YES / NO

**CAR DETAILS**

VEHICLE NUMBER:	
MAKE:	
MODEL:	
FUEL TYPE:	PETROL / DIESEL / HYBRID
COVER REQUESTED:	COMPRE / TPFT / TPO

CAPACITY:	
YR OF REGISTRATION:	
YR OF MANUFACTURE:	
TYPE:	4-DOOR / 2-DOOR
SUM INSURED:	\$

<b>Insurer:</b>	
<b>Scheme:</b>	
<b>Prem with GST:</b>	
<b>Basic Excess:</b>	
<b>Excess Waiver:</b>	
<b>Windscreen Excess:</b>	

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