

MOTOR QUOTATION FORM (COMMERCIAL)Pls email to 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:	
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TRADE:	
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INSURED EXISTING INSURANCE PARTICULARS

RENEWAL NCD:	0 / 10 / 15 / 20 %
INSURER:	
EXPIRY DATE:	
RENEWAL PREMIUM:	\$
RENEWAL EXCESS:	\$

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

VEHICLE DETAILS

VEHICLE NUMBER:	
MAKE:	
MODEL:	
MAX LADEN WEIGHT:	
UNLADEN WEIGHT:	

EXTENSIONS:	
YR OF REGISTRATION:	
YR OF MANUFACTURE:	
TYPE:	
OTHER INFO:	

Insurer:	
Scheme:	
Prem with GST:	
Basic Excess:	
Excess Waiver:	
Windscreen Excess:	

Insurer:	
Scheme:	
Prem with GST:	
Basic Excess:	
Excess Waiver:	
Windscreen Excess:	