MOTOR QUOTATION FORM REF NUMBER: Pls email to aspetra.motor@gmail.com or Whatsapp to 90094197 **RELEASE DATE/TIME:** AGENCY: ASTRA ASSURANCE AGENCIES LLP FROM: CONTACT: COY/AGENCY NAME: EMAIL: DATE REQUESTED: **INSURED PARTICULARS** INSURED NAME: NRIC: DOB: **GENDER:** MALE / FEMALE **MARITIAL STATUS:** SINGLE / MARRIED OCCUPATION: DRIVING EXPERIENCE: FINANCE COY: est years **ADDITIONAL NAMED DRIVERS (IF ANY)** NRIC: NAME: GENDER: MALE / FEMALE DOB: **MARITIAL STATUS:** SINGLE / MARRIED OCCUPATION: DRIVING EXPERIENCE: est RELATIONSHIP TO DRIVER: years ADDITIONAL NAMED DRIVERS (IF ANY) NAME: NRIC: GENDER: MALE / FEMALE DOB: **MARITIAL STATUS:** SINGLE / MARRIED OCCUPATION: DRIVING EXPERIENCE: est years RELATIONSHIP TO DRIVER: **INSURED EXISTING INSURANCE PARTICULARS IF ANY** RENEWAL NCD: 0 / 10 / 20 / 30 / 40 / 50 % **ACCIDENTS IN PAST 3 YRS:** YES / NO **CURRENT INSURER: Total Claims Amount: EXPIRY DATE:** Date of Claim (mm/yr): Details of Claim: **RENEWAL PREMIUM:** \$ **RENEWAL EXCESS:** YES SAFE DRIVER DISC: YES / NCD PROTECTOR: NO NO **CAR DETAILS** VEHICLE NUMBER: CAPACITY: MAKE: YR OF REGISTRATION: MODEL: YR OF MANUFACTURE: **FUEL TYPE:** PETROL / DIESEL / HYBRID TYPE: 4-DOOR / 2-DOOR

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

OFF-PEAK:

YES /

NO

COMPRE / TPFT / TPO

COVER REQUESTED: