

INSURANCE QUOTATION REQUEST FORM (NEW / RENEWAL)*

All blanks are mandatory to fill in

* delete where necessary

From	Tan Chee Tiong (Gary) – Agent# G629	Email	sales@theflyerman.com.sg
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PARTICULARS OF REGISTERED OWNER

Insured Name / Company Name*			Gender Female / Male*	
Address			Postal Code	
Contact Number (O) (M) (H)	Email			
NRIC/Business Reg. No.*	Nationality	Date of Birth	Marital Status	
Occupation (Indoor/Outdoor*)		Company's Nature of Business (must provide)		
Driving License Passed Date & Demerit Point				

PARTICULARS OF ADDITIONAL NAMED DRIVER (IF ANY)

Insured Name / Company Name*			Gender Female / Male*	
Address			Postal Code	
Contact Number (O) (M) (H)	Email			
NRIC/Business Reg. No.*	Nationality	Date of Birth	Marital Status	
Occupation (Indoor/Outdoor*)		Company's Nature of Business (must provide)		
Driving License Passed Date & Demerit Point		Relationship		

PARTICULARS OF VEHICLE

Coverage	Comprehensive / Third Party Fire & Theft / Third Party* delete where necessary		
Vehicle No	Year of Registration (YOR)	Make & Model of Vehicle	Vehicle Type
Private / Commercial use*	Year of Manufacture	Chassis No	
		Engine No	
Engine Capacity	For Commercial Vehicle Laden Weight:	Unladen Weight:	Off-Peak Car Yes / No *
Seating Capacity	Parallel Import Yes / No *	Sum Insured Market value at time of loss	

DETAILS OF INSURER

Previous/Current Insurer	Vehicle No
NCD Entitlement	Policy Expiry Date
Any Claim Experiences (Last 3 years). If Yes, please provide full claim details:-	
<ol style="list-style-type: none"> 1. Insurer 2. Date of claim's settlement (dd/mm/yyyy) 3. Claimed amount 4. NCD before claim 	