

## Motor Insurance Quotation Request Form

Upon completion of this form, please email it to [motorquotation@libertyinsurance.com.sg](mailto:motorquotation@libertyinsurance.com.sg)

### Contact Details of Requester

Name:	_____
Mobile No.:	_____
Email:	_____

### 1. Personal Particulars of Applicant

Name:		NRIC/ROC No.:
_____		_____
Date of Birth:	Marital Status:	If Others, please provide details:
_____	_____	_____
Occupation:	Job Title:	Industry:
_____	_____	_____
Gender:	Years of Driving Experience:	Current Insurer:
_____	_____	_____
NCD Entitlement (%) on Renewal:	Claims Experience (past 3 years):	
_____ %	If Yes, please provide details:	
_____	_____	
NCD Transfer from (Vehicle No.):	Number of Claims:	Total Claim Amount:
_____	_____	_____

### 2. Named Driver(s) Particulars (compulsory if any)

Name of Driver(s)	NRIC No.	Date of Birth	Gender	Relationship to Insured	Any Claims in past 3 years	Years of Driving Experience	Marital Status	Occupation



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### Details of Past 3 Years Claims of Named Driver(s) (compulsory if any)

Date	Total Claim Amount	Details

### 3. Details of Vehicle

Vehicle No.:	Year of Registration:	Coverage Required:
Make*:	Model:	Engine Capacity (CC): <i>Not applicable to Commercial Vehicle</i>
Source of Purchase:	Please provide name of source:	No. of Seats: <i>Applicable to Bus only</i>
Body Type: <i>Not applicable to Commercial Vehicle</i>	If Others, please provide details:	_____seater
For Commercial Vehicle only, please provide: _____ tonn OR _____ / _____ Laden / Unladen Body Type _____		
*For High End Car and/or engine capacity more than 4,000cc, please provide Sum Insured:  High End Car Make: Aston Martin, Alpine, Bentley, Ferrari, Lamborghini, Lotus, Maserati, McLaren, Koenigsegg, Pagani, Porsche, Rolls Royce		
Other Instructions or Remarks:  _____		

