

Motor Insurance Quotation Request Form

Upon completion of this form, please email it to motorquotation.sg@libertymutual.com

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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This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us (sgservicecenter@libertymutual.com) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

