

UNITED MOTOR INSURANCE APPLICATION FORM

Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

Applicant's Particulars

Insured : _____

Address : _____

Postal Code : _____

Contact number : Home: _____ Office _____
 Mobile Phone: _____ E-mail: _____

Occupation : _____ Marital Status : _____ Sex: _____

Date of birth : _____ NRIC no.: _____

Driving Experience : _____ Demerit Point: _____

Claim Experience : YES No If YES, please provide detail: _____

Existing Insurer : _____ No Claim Discount: _____

Particulars of Vehicle (Please attach a copy of the Log Card)

Vehicle No.: _____ Year of Make: _____ Engine Capacity: _____

Make & Model: _____ Type of Body: _____

Engine No: _____ Chassis No: _____

Cover Required: Comprehensive Third Party Fire & Theft Third Party Only

Period of Insurance _____ To _____

Vehicle Insured Value: Insure with COE/ PARF value Yes No
 (Not applicable to Third Party cover)

Finance Company : _____

Particulars of Drivers (Other than the Insured)

Driver's Name	Sex	Date of birth	NRIC No.	Occupation	Marital Status	Driving Experience

Declaration

I hereby declare that the statements and particulars are complete and correct and that no facts have been suppressed or mis-stated. I agree that this proposal shall form the basis of the contract between me and the Company.

 Applicant's Signature

 Date

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Insured: _____

Vehicle No.: _____

Reply Form

*** This insurance will not be in force until the proposal has been accepted by the Company*

Annual Premium

Without No Claim Discount

S\$- _____

(including 7% GST)

With (50%) No Claim Discount

S\$ _____

Excess _____ for Named Drivers

(please complete the name driver's particular on the 1st page of this quotation)

_____ for others

_____ for driver below the age of 25 years old and/or with less than 3 years driving experience

This Quotation is valid for 1 month with effect from _____