ONE CAR INSURANCE

DriveSave.
Why pay more for your car insurance. Pay less and enjoy the same benefits.

*Get a quotation now. Fill in and fax this form to 6880-3297 and we will get back to you.*

## Your Personal Particular

Name : _____ (as per NRIC)
NRIC : _____
Gender : Male / Female
Date Of Birth : _____ (dd/mm/yy)
Maritial Status : _____
Occupation : _____ Indoor / Outdoor
Date Of Licence : _____ (dd/mm/yy)
Natianality : Singaporean / Singapore PR / Others _____
Contact Number : _____
Email : _____
Mailing Address : _____
_____

## Your Vehicle Information

Vehicle Number : _____
Parallel Import : Yes / No
Engine Type : Normal / Turbo  Body Type : Saloon / MPV / Wagon
No Claim Discount : _____ %  Others: _____
Any Claim In Past 3 years : Yes / No
Claim Detail : Date Of Accident: _____
Total Claim Amount : $ _____
Type of Caim: Own damage $ _____
3rd Party claim: $ _____
Insurance Company when accident happened: _____
(repeat above information for every accident)

## Insurance Information

Current Insurer : _____
Renewal Premium : _____
Insurance Expired Date : _____
Additional Name Driver : Name :
NRIC :  Date of birth :
Date of licence :  Occupation :

Additional Info :