



# BENEFIT AUTO INSURANCE AGENCY

2 Sims Close #01-08 Gemini @ Sims Singapore 387298

Tel: 6844 4161 Fax: 6444 1007

Email: benefitautoia93@gmail.com

## QUOTATION FORM

Sales Person :

Contact:

Personal Particulars of Insured	
Name :	
NRIC / FIN / UEN No. :	Date of Birth :
Contact :	Occupation :
Gender :	License Passed Date :
Marital Status :	
Address :	

Vehicle Details	
Vehicle Registration No. :	Seating Cap :
Make & Model :	Engine Capacity :
Date of Registration :	OPC :
Year of Manufacture :	Usage :
NCD : %	Previous Vehicle No. :
Previous Insurance Company :	
Any Claims last 3 years? ( )	Date of claim :
(If Yes, please provide details)	
Amount of claim : Own Damage :	3rd Party :

Particulars of Named Driver	
Name :	Date of Birth :
NRIC / FIN :	Marital Status :
Contact:	Gender :
Relationship :	License Passed Date :
Name :	Date of Birth :
NRIC / FIN :	Marital Status :
Contact:	Gender :
Relationship :	License Passed Date :

Finance Company : \_\_\_\_\_

I, hereby appoint & authorise Benefit Auto Insurance Agency to represent me & act on my behalf in all matters regarding purchase or cancellation of motor insurance for the abv mention vehicle. I, hereby declare that my NCD (No Claim Discount) is the declared amount above. In the event this amount is incorrect, I undertake to pay any difference in the premium within 7 days of receipt of a demand letter. Failure to terminate the existing policy as a result of non-transferrable NCD & failure by me to settle within the specific time may result in Insurer serving Notice of Cancellation or shortening of the policy period.

Signature of Proposer : \_\_\_\_\_

### FOR OFFICE USE :

NTUC	Premium :	Excess :
CHINA TAIPING	Premium :	Excess :
AXA	Premium :	Excess :

\*Quotes are valid for 2weeks from :