

**UNITED OVERSEAS INSURANCE 大華保險**(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)
SINGAPORE COMPANY REGISTRATION NO: 197100152-R3 Anson Road #2801 Springleaf Tower Singapore 079909
Main Line: 62227733 Fax: 6327 3869/6327 3872
http://www.uoi.com.sg E-mail: Underwriting@uoi.com.sg**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**

Full name : _____

Address : _____

Postal Code _____

Contact number : Home: _____ Office _____

Mobile Phone: _____ E-mail: _____

Occupation : _____ Marital Status : _____ Sex: F / M

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 above 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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MOTOR INSURANCE APPLICATION FORM

Reply Form

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

Annual Premium (inclusive GST)	Without No Claim Discount	S\$
	With () No Claim Discount	S\$

Excess

This Quotation is valid for 1 month with effect from _____

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICE
PERMIT NO. 07812**



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Springleaf Tower
Singapore 079909

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paid by
addressee. For
posting in
Singapore only.