

United Overseas Insurance Limited 3 Anson Road #28-01 Springleaf Tower Singapore 079909 Tel: (65) 6222 7733 Fax: (65)6327 3869/ (65)6327 3870 Email: ContactUs@uoi.com.sg

uoi.com.sg Co. Reg. No 197100152R

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	: I	Home:			Office		
	1	Mobile Phone:			E-mail:		
Occupation	:	_	Mar	rital Status	:	Sex:	
Date of birth	:				NRIC no.	:	
Driving Experience	:				Demerit F	Point:	
Claim Experience	: [YES	No If	YES, plea	se provide	detail:	
Existing Insurer	:				No Claim	Discount:	
Particulars of Vehicle (Pa	lease atta	ch a copy of the l	Log Card)				
Vehicle No.:		Y	ear of Make:		Engine (Capacity:	
Make & Model:			Туре	of Body:			
Engine No:			Chass	sis No:			
Cover Required:	Co	omprehensive	Third	Party Fire	& Theft	TI	nird Party Only
Period of Insurance				То			
Vehicle Insured Value		re with COE/ PA applicable to Th		Yes	X	No 📗	
Finance Company:							
Particulars of Drivers (O	ther than	the Insured)					
Driver's Name	Sex	Date of birth	NRIC No.	Occupat	ion	Marital Status	Driving Experience
		on th					Experience
Declaration I hereby declare that the s stated. I agree that this pro							uppressed or mis-
Applicant's Signature					Date		



NCE APPLICATION FORM			
n force until the proposal has been accepted	d by the Company		
Without No Claim Discount	S\$-		
With (50%) No Claim Discount	S\$		
Named Drivers			
ϵ the name driver's particular on the 1^{st} page	e of this quotation)		
others			
	in force until the proposal has been accepted Without No Claim Discount With (50%) No Claim Discount Named Drivers the name driver's particular on the 1st page		