



AWG INSURANCE BROKERS PTE LTD OFFERS A FULL SPECTRUM OF INSURANCE AND RISK SOLUTIONS TO CATER TO BOTH INDIVIDUALS AND BUSINESSES.

COMMERCIAL PRODUCTS

- PROPERTY AND ALL RISK
- LIABILITY INSURANCE
- WORK INJURY COMPENSATION
- EMPLOYEE BENEFITS INSURANCE
- BONDS AND GUARANTEES
- COMMERCIAL VEHICLES
- MARINE CARGO, HULL & LIABILITY
- LEGAL EXPENSE INSURANCE
- CONSTRUCTION AND ENGINEERING
- FINANCIAL LINES
- TRADE CREDIT INSURANCE

ABOUT AWG

OUR FORAY IN THE MARKET OVER TIME HAS BROUGHT US A REPUTABLE STREAM OF CLIENTS INCLUDING LISTED FIRMS, GOVERNMENT AGENCIES, AND MULTINATIONAL CORPORATIONS FROM ALL WALKS. WE ARE CONTINUALLY IMPROVING THE EXPERIENCE OUR CLIENTS HAVE WITH AWG INSURANCE BROKERS BECAUSE WHAT MATTERS TO YOU MATTERS TO US.

30th SINCE 1990
Anniversary

PERSONAL PRODUCTS

- PRIVATE CAR INSURANCE
- MAID INSURANCE
- TRAVEL INSURANCE
- PERSONAL ACCIDENT INSURANCE
- MEDICAL INSURANCE
- GOLFER INSURANCE



Contact Us

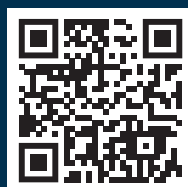
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HERE

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PRIVATE MOTOR
INSURANCE
汽车保险



WWW.AWGINSURANCE.COM



Registered Insurance Broker
MONETARY AUTHORITY OF
SINGAPORE



Member of the
SINGAPORE INSURANCE
BROKERS' ASSOCIATION



Member of the
CREDEA - A GLOBAL
INSURANCE BROKER
NETWORK

QUOTATION REQUEST FORM

WHATSAPP: +65 9113 2122
OR
EMAIL US: AWG@AWGINSURANCE.COM

PLEASE PROVIDE INFORMATION AS BASIS OF OUR FORMAL QUOTATION AND DO SEND TO US VIA EMAIL OR WHATSAPP

1 INSURED INFORMATION

FULL NAME / COMPANY NAME

NATIONALITY

Singaporean

EMAIL ADDRESS

TELEPHONE MOBILE NO.

+65

NRIC / PASSPORT / FIN NO.

DATE OF BIRTH

GENDER

MALE FEMALE

MARITAL STATUS

SINGLE MARRIED

OCCUPATION / BUSINESS

DRIVING EXPERIENCE

Year(s)

2 VEHICLE INFORMATION

VEHICLE REGISTRATION NUMBER

EXISTING INSURER

TYPE OF COVERAGE

COMPREHENSIVE THIRD PARTY FIRE & THEFT THIRD PARTY ONLY

NO CLAIM DISCOUNT (UPON RENEWAL)

ANY CLAIMS IN THE PAST 3 YEARS

YES NO

IF YES

NUMBER OF CLAIMS

AMOUNT OF CLAIMS

DO YOU HAVE ANY OTHER DRIVER(S) DRIVING THIS VEHICLE?

YES NO

PROCEED TO THE NEXT PAGE



NAMED DRIVER 1

Full Name

DATE OF BIRTH

DRIVING EXPERIENCE

Year(s)

RELATIONSHIP WITH POLICYHOLDER

ANY CLAIMS IN THE PAST 3 YEARS

YES NO

IF YES

NUMBER OF CLAIMS

AMOUNT OF CLAIMS

NAMED DRIVER 2

Full Name

DATE OF BIRTH

DRIVING EXPERIENCE

Year(s)

RELATIONSHIP WITH POLICYHOLDER

ANY CLAIMS IN THE PAST 3 YEARS

YES NO

IF YES

NUMBER OF CLAIMS

AMOUNT OF CLAIMS

3 STEPS

TO TAKE IN THE EVENT OF A CAR COLLISION IN SINGAPORE



STEP 1 DOCUMENT EVIDENCE

- PHOTO
- ACCIDENT SKETCH PLAN
- PHOTOS OF DAMAGE



STEP 2 EXCHANGE INFORMATION

- NAME
- IDENTITY CARD (PHOTO)
- HOME ADDRESS
- CONTACT NUMBER
- CAR REGISTRATION NUMBER



STEP 3 REPORT CLAIM

- ALL ACCIDENTS SHOULD BE REPORTED TO THE AUTHORISED WORKSHOP/ ANY WORKSHOP WITH IN 24 HOURS OF THE ACCIDENT. FOR INJURY CASES, PLEASE ALSO REPORT TO THE POLICE IMMEDIATELY

