



Change of Address and Contact Information Form

Policy No. (ies) : _____

Name of Assured/Assignee/Trustee(s) : _____

Identity No. : _____

Please tick (✓) appropriate box and complete the request accordingly

Change of Address

Change of address to : _____

_____ Postal Code: _____

- for all policies with Aviva and Navigator accounts for the above-mentioned policy(ies) / account(s) only

As a precaution against unauthorized changes to addresses, acknowledgements will be sent to both new and previous addresses.

Change of Contact Information

Change of contact numbers to: _____ (Res) _____ (Off)

_____ (Hp) _____ (Fax)

Change of email address to : _____

Signature of Assured(s) / Assignee(s) / Trustee(s)
 (Please note that signature / thumbprint must be consistent with our record)

Date