



REQUEST FOR CHANGES TO MOTOR INSURANCE

POLICY NO : _____ VEHICLE NUMBER : _____

1. Change of Vehicle Number (Please provide LTA letter authorising the change)

New Vehicle Number : _____ Effective Date (dd/mm/yyyy) : _____

2. Change of Driver's Option

Effective Date (dd/mm/yyyy) : _____

- | | |
|--|---|
| <input type="radio"/> Any Driver | <input type="radio"/> Insured & Spouse * |
| <input type="radio"/> Any Driver aged 25 or over | <input type="radio"/> Insured & 1 Named * |
| <input type="radio"/> Any Driver aged 30 or over | <input type="radio"/> Insured only |

* For options "Insured & Spouse" & "Insured & 1 Named", please furnish the following:

- | | |
|------------------|--------------------------------------|
| a) Family Name | f) Occupation |
| b) Given Name | g) No. of Years held driving license |
| c) NRIC / FIN No | h) No. of Claims in the last 3 years |
| d) Gender | i) No. of Demerit Points on license |
| e) Date Of Birth | |

3. Extension of Period of Insurance New Expiry Date (dd/mm/yyyy) _____

4. Others : _____

DECLARATION

I declare that I have not amended, transferred or traded the Certificate of Insurance to any third party or used it in any formal capacity as proof of cover or value.

I recognize that the original Certificate of Insurance remains the property of Aviva Ltd and I am required to surrender it to Aviva Ltd upon cancellation or replacement.

I understand that following cancellation or replacement, it will have no value and that it cannot be used as proof of cover.

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit www.aviva.com.sg.

Name Of Policyholder

Signature Of Policyholder

NRIC / FIN Number

Date