

CHANGES TO MOTOR INSURANCE

POLICY NUMBER

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

Any Driver

Any Driver aged 25 or over

Any Driver aged 30 or over

Effective Date (dd/mm/yyyy)

Insured & Spouse*

Insured & 1 Named*

Insured only

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

a) Family Name

b) Given Name

c) NRIC FIN Number

d) Gender

e) Date of Birth

f) Number of Years held driving license

g) Number of Claims in the last 3 years

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 recognise 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

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Date (DD / MM / YYYY)