

TERMINATION AND TRANSFER FORM

WARNING: PURSUANT TO SECTION 25(S) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED MAY BE VOID

FOR PUBLIC OFFICERS GROUP INSURANCE SCHEME

NOTE: THIS FORM IS TO BE SUBMITTED TO AVIVA LTD

Name (as shown in NRIC/FIN/Passport):

NRIC/FIN/Passport:

(the last 4 alphanumeric, eg '678A' if your NRIC/FIN/Passport number is S12345678A)

Date of birth:

Contact details:

(Office): _____ (Home): _____ (Mobile): _____

Note: If your contact information on this form is different from those in our records, we will automatically update it in our system.

NOTE: PLEASE TICK AND COMPLETE THE RELEVANT SECTION

CHANGE OF ORGANISATION

Change from: _____

to _____

Effective date of change:

TERMINATION OF COVER

Reason for termination:

Leaving Public Sector, Last day of service: _____

Do not wish to continue the coverage

Please note that dependants are no longer eligible for the cover if the coverage for the main insured is terminated

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date