

## **General Insurance**

## **CHANGES TO MOTOR INSURANCE**

POLICY NUMBER	VEHICLE NUMBER:
Change of Vehicle Number (Please provide LTA letter authorising)	g the change)
Date of Cancellation	Effective Date (dd/mm/yyyy)
2. Change of Driver's Option	Effective Date (dd/mm/yyyy)
Any Driver	Insured & Spouse*
Any Driver aged 25 or over	Insured & 1 Named*
Any Driver aged 30 or over	Insured only
*For options "Insured & Spouse" & "Insured & 1 Named", please furnish the following:	
a) Family Name	e) Date of Birth
b) Given Name	f) Number of Years held driving license
c) NRIC/FIN number	g) Number of Claims in the last 3 years
d) Gender	
3. Extension of Period of Insurance	New Expiry Date (dd/mm/yyyy)
4. Others	

VELUCI E NUMBER

## **DECLARATION**

I declare that I have not amended, transferred or traded the Certificate 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 Singapore Life Ltd. and I am required to surrender it to Singapore Life 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 Singapore Life Ltd.("Singlife") (and Singlife 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 Singlife.

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

I/We have read and understood Singlife's Data Protection Notice which may be found at singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Signature of Policyholder	Date (DD-MMM-YYYY)
Name of Policyholder	