

REQUEST FOR CHANGES TO MOTOR INSURANCE

POLICY NO : _____ VEHICLE NUMBER : _____

Change of Vehicle Number (Please provide LTA letter authorising the change)
 New Vehicle Number : _____ Effective Date (dd/mm/yyyy) : _____

Change of Named Driver * (must be 21 years old & above)
 Name (as shown in NRIC) _____

Upgrade of Restricted Driving Option
 Effective Date (dd/mm/yyyy) _____

Insured & Spouse *
 Insured & 1 Named *
 Any Driver
 Any Driver aged 25 or over
 Any Driver aged 30 or over

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

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

Extension of Period of Insurance New Expiry Date (dd/mm/yyyy) _____
 (To be submitted with original Certificate of Insurance or Declaration of Loss form)

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.

 Name Of Policyholder

 Signature Of Policyholder

 NRIC / FIN Number

 Date