## **LETTER OF AUTHORISATION (AGENCY)**

To: AIG, 78 Shenton Way, #07-16 AIG Building, Singapore 079120

Change of Servicing Agent (Private and Commercial Vehicles)		
Vehicle No. :		Policy No. :
I / We,	(Name of Policyholder)	of NRIC No. / ROC No, (NRIC / ROC No.)
wish to appoint		(
policy due to		Reason)
	that my / our current motor in	nsurance plan (Pls tick one box) : ☐ Auto Protector ☐ Auto Plus ☐ Auto Plan
		st for the change of servicing agent/broker. In the event that my/our request for the motor insurance plan, I/We specifically noted the following key differences of the
<ol> <li>AutoPlan – This is limited to dealer's v</li> </ol>		y for accident repairs to be done at any workshop of my choice, including but not
years old. Otherw guarantee by the w  IMPORT S\$600) if	rise, all repairs must be done workshop.  ANT - For private vehicle, I/We fit is my first claim and that I am akdown towing and roadside ass	p plan that allows accident repairs at dealer's workshop if my vehicle is less than 3 at AlG's authorized workshops where quality repairs are backed by a 6-month may enjoy up to full waiver of excess (subject to NCD level and maximum waiver of a the driver of the vehicle at the time of the accident; and sistance within Singapore.  sed plan packaged with unique benefits in which some of these benefits may be
exclusive. The pla trained technicians • <u>IMPORT.</u> specifica	n allows accident repairs to be on in accordance to manufacturer'  ANT – As AutoProtector Cove	done at the dealer's workshop where original parts are used and repairs are done by 's specifications, to ensure the vehicle warranty, where applicable, remains valid. er for different vehicle make may have different unique benefits, please check Windscreen Cover Excess, Loss of Use Replacement Car Benefit, NCD Protector
Apart from the above key policy terms and condition		f the changes (where applicable) to the coverage, benefits and the applicable
Signature of Policyholder / Company Authorized Repr	resentative:	Date :
This form must be signed by the	ne Policyholder. Otherwise it is c	considered invalid.
Declaration by New Appoir I/We have explained the diffe		benefits and policy terms and conditions.
Name of Agent	:	Producer Code :
Signature of Agent	:	Date :
Please return form to: AIG – 78 SI	henton Way, #07-16 AIG Building Sin	gapore 079120 or via fax : 6415 3723.