

REQUEST FOR CHANGES TO MOTOR INSURANCE

POLICY NO : _____ **VEHICLE NUMBER** : _____

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Change of Vehicle Number (Please provide LTA letter authorising the change)

New Vehicle Number : _____ Effective Date (dd/mm/yyyy) : _____

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Change of Named Driver * (must be 21 years old & above)

Name (as shown in NRIC) _____

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Upgrade of Restricted Driving Option

Effective Date (dd/mm/yyyy) _____

<input type="radio"/>	Insured & Spouse *
<input type="radio"/>	Insured & 1 Named *
<input type="radio"/>	Any Driver
<input type="radio"/>	Any Driver aged 25 or over
<input type="radio"/>	Any Driver aged 30 or over

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

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

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Extension of Period of Insurance

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

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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