



### **NOTIFICATION FORM**

Policyholder / Insured Name: \_\_\_\_\_

NRIC / FIN / Passport No: \_\_\_\_\_ Policy Number: \_\_\_\_\_

☐ **Part A: Change in Particulars**

- New Address: \_\_\_\_\_ S( )
- New Contact Details(s): \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
(Mobile)
- Email Address: \_\_\_\_\_
- Name Change: From \_\_\_\_\_ to \_\_\_\_\_  
(Please attach copy of Deed Poll to effect the change)
- NRIC/ FIN/ Passport No: \_\_\_\_\_
- Marital Status: \_\_\_\_\_ (Single / Married / Others)
- New Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*\* Delete when applicable

☐ **Part B: Change in Payment Mode**

- New \_\_\_\_\_ (Bank) credit card. ☐ Name of Card Holder: \_\_\_\_\_
- ☐ Credit Card Number: \_\_\_\_\_ ☐ Expiry Date: \_\_\_\_ / \_\_\_\_
- New Saving Account: \_\_\_\_\_ (\*Please attach complete GIRO Form)
- Change of Payment Mode from: ☐ Giro to Credit Card ☐ Credit Card to Giro (\*Please attach Complete Giro Form)

☐ **Part C: Change in Scope of Coverage** (\*Applicable to Accident & Health Policy Only)

- Delete Insured / Spouse / Child(ren): \_\_\_\_\_
- Include Spouse: \_\_\_\_\_ of NRIC / FIN No: \_\_\_\_\_  
DOB: \_\_\_\_\_ is in good health and free from physical impairment and deformity.  
His / Her Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*\* Delete when applicable
- Include Children: \_\_\_\_\_ of NRIC / FIN No: \_\_\_\_\_  
DOB: \_\_\_\_\_ is in good health and free from physical impairment and deformity.  
(Please attach copy of child(ren) birth certificate(s))
- Change of Plan: From \_\_\_\_\_ Plan to \_\_\_\_\_ Plan and I am aware that the  
premium will be change to S\$\_\_\_\_\_ per month with effect from \_\_\_\_\_ (effective date).

☐ **Part D: Change in Vehicle Details**

- Vehicle Registration No: \_\_\_\_\_ • Make & Model: \_\_\_\_\_
- Year of Registration: \_\_\_\_\_ • Tonnage (cc): \_\_\_\_\_
- Engine No: \_\_\_\_\_ • Chassis No: \_\_\_\_\_  
(Please attach copy of the vehicle registration card (log card))
- Hire Purchase Co.: \_\_\_\_\_

☐ **Part E: Termination / Reinstatement of Policy**

- Applicable for Accident and Health Policy Only
  - ☐ I wish to reinstate my Policy and that the reinstatement will take effect depending on the Cancellation Date of the Policy and upon the receipt of this notice by AIG. Any outstanding premiums will be collected for the lapsed period
  - ☐ I wish to terminate my Policy and that the termination will take effect depending on the effective Date of the Policy and upon the receipt of this notice by AIG.
- Applicable to Personal Line Policy Only
  - ☐ I wish to terminate my Policy with effect from \_\_\_\_\_ reason being: \_\_\_\_\_

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, that AIG is not required to send my corrected data to every other organisation to which the personal data was disclosed by AIG within the last year and that AIG is only required to send my corrected / updated personal data to AIG group companies or AIG's (or AIG's group companies') service providers or agents who require my corrected data for any legal or business purpose as solely determined by AIG.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- (d) Managing AIG's infrastructure and business operations; and
- (e) Carrying out market research and analysis and satisfaction surveys.



**Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at [www.aig.sg/privacy](http://www.aig.sg/privacy) before you provide your consent, and/or the above representation and warranty.**

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enrol me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you, or the individual on whose behalf you are submitting information for, wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please call us at +65 6419 3000 to do so or opt out via our online form on our website at [www.aig.sg/contact-online](http://www.aig.sg/contact-online).

\_\_\_\_\_  
AUTHORISED SIGNATURE / DATE

\_\_\_\_\_  
NRIC / FIN / PASSPORT NUMBER

\_\_\_\_\_  
CONTACT NUMBER