AIG Asia Pacific Insurance Pte.Ltd.
AIG Building
78 Shenton Way, #07-16
Singapore 079120
www.AIG.com.sg
Co.Reg.No. 201009404M

Hotline : 6419 3000
Fax Number : 6415 3723

REVISION IN NAMED DRIVER(S) – FOR NAMED DRIVERS POLICY

Insured's Name : _____
Policy Number : _____ **Vehicle Number:** _____

INSTRUCTIONS

Please act according to my instruction(s) as follows:

REVISE / ADD / DELETE NAMED DRIVERS (Please fill up all the required fields)

☐ To delete and replaced by following named driver(s):

Name	Occupation	DOB	Marital Status	Gender	Claim Experience *DOA - Date of Accident	Driving Experience (No. of Yrs)	Relation	Record of revoked/ suspended license
					DOA: Amt: Details:			Year: Reason:
					DOA: Amt: Details:			Year: Reason:
					DOA: Amt: Details:			Year: Reason:

Important :

- *Please be informed that under a Named Driver Policy, only persons named in the Policy will be indemnified.*
- *Please be advised that **new named drivers** to be added in the Policy is subject to the Company's approval and different terms and conditions including increased premium and excess may apply to the Policy as a result.*
- *Please note that a maximum of 3 named drivers (including insured) are allowed for each policy.*

_____
Insured's Signature / Date of Request

PREMIUM AND ADMINISTRATIVE CHARGES
(Applicable if more than 2 Named Drivers)

Gross Premium : _____
7% GST : _____
Total Due/Payable : _____

Payment Method

□ By CHEQUE – attached is my personal _____ (Bank) cheque no_____ payable to **AIG Asia Pacific Insurance Pte. Ltd.** for the amount of S$ _____.

□ By CREDIT CARD. Please charge the amount of S$ _____ to my □VISA □MASTER □AMEX

Card No: | | | | | | | | | | | | | | | | Expiry Date: | | | | |

_____ _____
Name of Cardmember **Signature of Cardmember / Date**

Important: Endorsements would only be processed upon receipt/approval of full payment

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