

Personal Details Change Request Form

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap 142), you are to disclose in this form fully and faithfully, all the facts which you know or ought to know, otherwise the policy may be void.

Name of Policy Owner	NRIC / Passport Number	Policy Number
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A. Change of Personal Details (Please attach a copy of NRIC or Deed Poll)

	Current Details	New Details
<input type="checkbox"/> Name		
<input type="checkbox"/> NRIC / Passport Number		
<input type="checkbox"/> Nationality		
<input type="checkbox"/> Change of Marital Status		
Change of Signature <input type="checkbox"/> Policy owner <input type="checkbox"/> Life Assured <small>^Pls submit a copy of NRIC / Passport)</small>	_____ Old Signature (as per our records)	_____ New Signature

B. Change of Contact Details

For overseas no. please indicate "+" sign, country code + area code + contact number (e.g. +1234567890).

<input type="checkbox"/> Mobile Number	<input type="checkbox"/> Office Number
<input type="checkbox"/> Home Number	<input type="checkbox"/> E-mail Address

C. Change of Address Details (Please attach proof of residence)

	Current Details	New Details
<input type="checkbox"/> Residential Address		Block/House No _____ Unit No # _____ - _____ Road/Building _____ Postal Code _____ Country _____
<input type="checkbox"/> Mailing Address		Block/House No _____ Unit No # _____ - _____ Road/Building _____ Postal Code _____ Country _____
New mailing address applies to all existing policies with Etiqa? Specific Policy(ies) If you have selected No, please specify the Policy Number for new address to be applied on.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration - Personal Data Use

By providing the information in this application form and submitting this application, I further request for and consent to the collection, use and disclosure of my personal data by Etiqa and its related corporations, its agents and Etiqa sharing such personal data with Etiqa's business partners, marketing partners and the Co-Brand Partner (as may be relevant), as well as their authorised service provider, for the purpose of this form.

Name and Signature of Policy Owner

Date:

* We will update our database upon receipt of this form. An acknowledgement letter will be sent to you upon completion of updating.