

## Personal Details Change Request Form

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

Full Name of Proposer / Assignee/ Trustee* (delete accordingly)	NRIC / Passport Number / FIN	Policy Number
Name of Life Insured (if other than the Proposer)	NRIC / Passport Number / FIN	

### A. Change of Personal Details (Please submit a copy of NRIC or Deed Poll)

<input type="checkbox"/> Name	
<input type="checkbox"/> NRIC / Passport Number	
<input type="checkbox"/> Nationality	
<input type="checkbox"/> Change of Marital Status	

### B. Change of Contact Details

For overseas number, 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)

<input type="checkbox"/>	Residential Address	Block / House No _____ Unit No # _____ - _____ Road / Building _____ Postal Code _____ Country _____
<input type="checkbox"/>	Mailing Address (If different from residential address)	Block / House No _____ Unit No # _____ - _____ Road / Building _____ Postal Code _____ Country _____

New mailing address applies to all existing policies with Etiqa? If you have selected "No", please state the specific policy number for new address to be applied on  <u>Specific Policy(ies)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### D. Declaration and Authorisation

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at [www.etiqa.com.sg](http://www.etiqa.com.sg) which I/We have read, understood and agreed to the same.

Signature of Policyowner / Assignee / Trustee\* (delete accordingly)

Date:

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