Income Insurance Limited l UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

Amendment for motor insurance

Name of policyholder	Policy number	Vehicle number

I, the policyholder, apply to make the following changes to my insurance cover:
(Please tick the change(s) you are applying)

☐ Adding or changing the named driver

Full name (as in NRIC/FIN)	NRIC/FIN Number	Date of birth (dd/mm/yyyy)	
Pass date of driving licence (dd/mm/yyyy)	Occupation	Relationship	Start date (dd/mm/yyyy)

We will charge $25.00 (subject to prevailing GST) as an administrative fee for adding or changing a named driver during the insurance period.

☐ Deleting a named driver

Full name (as in NRIC/FIN)	Start date (dd/mm/yyyy)

☐ Changing the type of cover from _____ to _____   Start date (dd/mm/yyyy) _____

☐ Change to off-peak or normal car   Start date (dd/mm/yyyy) _____

☐ Include^ or delete additional excess   Start date (dd/mm/yyyy) _____
   ☐ S$500   ☐ S$1,000   ☐ S$1,500
   ^(The option for an additional excess applies to drivo Premium or drivo Classic Plan only.)

☐ Include or delete no-claim discount (NCD) protection   Start date (dd/mm/yyyy) _____
   The NCD protection is only applicable if the NCD is at least 30% and you have not made a
   claim before the date Income issues the endorsement.

   A deletion of NCD protection is not applicable for policy where there is a free NCD protection.

☐ Others (please give details) _____   Start date (dd/mm/yyyy) _____

Declaration by policyholder

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.

I acknowledge that you will not have any legal responsibility for a claim until Income has accepted this application and I have paid the premium in full.

Signature of policyholder and company stamp (if applicable)	Date (dd/mm/yyyy)

For official use

Staff name	Staff code	Branch