

Authorisation form to transfer a no-claim discount (NCD)

I, _____ of NRIC _____ agree to transfer my
 _____ % NCD to my husband or wife, (name) _____
 NRIC _____.

The NCD to be transferred:

From policy number or vehicle number

To policy number or vehicle number

Declaration by person applying

The NCD transfer only applies to a vehicle insured with Income.
 The transfer of the NCD only applies if no claims have been made (or could be made) by anyone else against me before the date of the transfer.
 I agree that this NCD transfer is a one-time transfer and cannot be reversed for my future motor policy with Income.

 Your signature

 Date (dd/mm/yyyy)

For official use

Staff name	Staff code	Branch
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