Chartis Singapore Insurance Pte. Ltd.
Chartis Building
78 Shenton Way #07-16
Singapore 079120

Hotline: 6419 3000
Fax Number: 6415 3723
www.chartisinsurance.com.sg

SERVICE REQUEST FORM – AUTO POLICY

Policy Number: _____ **Vehicle Number: _____**

ρ **Change in Period of Insurance (001)**

□ **To extend : from** _____to _____ Premium (incl 7% GST): _____

□ **To shorten : from** _____ to _____

□ **To substitute : from** _____ to _____ *Kindly attach a copy of the vehicle registration card

ρ **Addition of Benefits (004)**

The following Additional Benefit applicable to Comprehensive Cover can be purchased by paying the additional premium:

□ Loyalty Home Cover Premium (incl 7% GST) : **S$ 101.65**

□ V-Kool Cover Premium (inc 7% GST) : **S$ 26.70**

□ Others : _____ Premium (inc 7% GST) : _____

<Important: You may add these benefit options to your current policy anytime within 60 days from policy effective date, prior to any claims events. Policy Terms and conditions apply.>

ρ **Request to withdraw NCD (005)**

ρ **Vehicle Registration No (AIG):** _____ with effect from: _____

to Name of Insurer: _____ Vehicle No: _____

Payment Method

□ By CHEQUE – attached is my personal _____ (Bank) cheque no_____ payable **to Chartis Singapore 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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_____ _____

AUTHORISED SIGNATURE / IC NOS/DATE **CONTACT NUMBER**