

**NOTIFICATION FORM**

Policy Number: \_\_\_\_\_

I, \_\_\_\_\_ of NRIC No. \_\_\_\_\_, hereby notify Chartis Singapore Insurance Pte.Ltd. (Chartis) of the following: [Refer to the checked options]

**Changes In Particulars**

My New Address & Contact No. (s) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Handphone)

From (Existing Name) \_\_\_\_\_ to (New Name) \* \_\_\_\_\_  
[\* Please attach copy of the Deed Poll to effect the change]

My Current Occupation is \_\_\_\_\_

**Changes in Payment Mode**

Kindly deduct premium from my new \_\_\_\_\_ (Bank) credit card billing account  
Credit Card No. : \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

Kindly deduct the premium from my new savings account \*

Kindly change the frequency of payment from \_\_\_\_\_  Monthly to Annual  Annual to Monthly

Kindly change my payment mode from \_\_\_\_\_  GIRO to Credit Card  Credit Card to GIRO \*

[\* Please complete attached GIRO Form]

**Changes to Scope of Coverage**

Delete Insured / Spouse \_\_\_\_\_ / child(ren) \_\_\_\_\_

Include Spouse : I hereby declare that my Spouse \_\_\_\_\_ of NRIC No. :  
\_\_\_\_\_ & DOB: \_\_\_\_\_ is in good health and free from physical impairment and deformity.  
His / Her Occupation : \_\_\_\_\_

Include Child(ren) : I hereby declare that my Child(ren) \_\_\_\_\_  
whose DOB: \_\_\_\_\_ is (are) in good health and free from physical impairment and deformity.  
[\* Please attach copy of child (ren) birth certificate(s) ]

Change from \_\_\_\_\_ Plan coverage to \_\_\_\_\_ Plan coverage and I  
am aware that the premium will be changed to \$ \_\_\_\_\_ per annum/month with this effect from  
\_\_\_\_\_ (effective date).

**Reinstatement/Termination of Policy**

I wish to reinstate my Policy and that the reinstatement will take effect depending on the Cancellation Date of the Policy and upon the receipt of this notice by Chartis. Any outstanding premiums will be collected for the lapsed period.

I wish to terminate my Policy and that the termination shall take effect depending on the Effective Date of the Policy and upon receipt of this notice by Chartis.

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date