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

REVISION IN NAMED DRIVERS

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

Name	Occupation (indicate Indoor / outdoor)	DOB	Marital Status	Sex	Claims Experience (Please write NIL, for no claims experience) DOA – Date of Accident	Driving Exp. (no. of years)	Relation	Add (A) Delete (D) * indicate
					DOA: Amt: Details			
					DOA: Amt: Details			
					DOA: Amt: Details			

Important:

★ Please be advised that **new named driver** to be added in the Policy is subject to the Company's approval and different terms and conditions including increased premium and excess may apply to the Policy as a result.

★ For **Named-Driver(s) Only** policies, all Unnamed drivers will NOT be indemnified under the policy.

★ Premium and administrative charges applicable if there are more than 2 named drivers. There is no administration fee for naming the first 2 drivers, however a fee of $10.00 (before GST) will be charged for each subsequent named drivers.

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 / DATE**

_____ **IC NUMBER / COMPANY CHOP**

_____ **CONTACT NUMBER**