



**REVISION IN NAMED DRIVER(S) – FOR NAMED DRIVERS POLICY**

Insured's Name : \_\_\_\_\_  
 Policy Number : \_\_\_\_\_

Vehicle Number: \_\_\_\_\_

**INSTRUCTIONS**

Please act according to my instruction(s) as follows:

**REVISE / ADD / DELETE NAMED DRIVERS (Please fill up all the required fields)**

To delete and replaced by following named driver(s):

Name	NRIC	Occupation	DOB	Marital Status	Gender	Claim Experience *DOA - Date of Accident	Driving Experience (No. of Yrs)	Relation	Record of revoked/ suspended license
						DOA: Amt: Details:			Year: Reason:
						DOA: Amt: Details:			Year: Reason:
						DOA: Amt: Details:			Year: Reason:

**Important :**

- Please be informed that under a Named Driver Policy, only persons named in the Policy will be indemnified.
- Please be advised that **new named drivers** 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.
- Please note that a maximum of 3 named drivers (including insured) are allowed for each policy.

\_\_\_\_\_  
 Insured's Signature / Date of Request

**PREMIUM AND ADMINISTRATIVE CHARGES**  
**(Applicable if more than 2 Named Drivers)**

Gross Premium : \_\_\_\_\_  
 7% GST : \_\_\_\_\_  
 Total Due/Payable : \_\_\_\_\_

**Payment Method**

By CHEQUE – Please make cheque payable to **AIG Asia Pacific Insurance Pte. Ltd.**  
 Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_ Amount: S\$ \_\_\_\_\_

By CREDIT CARD. Please charge the amount of S\$ \_\_\_\_\_ to the following **MasterCard/Visa** card

Card No: 

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Expiry Date: 

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\_\_\_\_\_  
 Name of Cardmember

\_\_\_\_\_  
 Signature of Cardmember / Date

***Important: Endorsements would only be processed upon receipt/approval of full payment.***