

Instruction Form

* Delete where not applicable

Particulars of Policyholder

Name of Policyholder _____
(Name as in your NRIC/FIN/Passport. Please underline surname)

NRIC/FIN/Passport No.* _____ Date of Birth _____

Policy No. 1. _____ 2. _____

Mailing Address _____

If the mailing address above is different from any MSIG records, would you like to update all valid policies with this address?

☐ Yes ☐ No

Type of Request

☐ Change of Period of Insurance _____

☐ Change of Payment _____

☐ Reprint policy _____

☐ Upgrade/Downgrade of plan _____

☐ Cancel policy _____

☐ Others _____

Signature

Thank you for your instructions. We will look into your enquiry/request and get back to you within 7 business days.

If your enquiry or request is urgent, please call our Customer Service Hotline.

Signature of Policyholder

Name:

Date:

Tel No.:

MSIG Customer Service

Monday to Friday: 8.45 am to 5.30 pm
Closed on Saturdays, Sundays and Public Holidays

Hotline: **6827 7602**
Email: **service@sg.msig-asia.com**