

## Update of Personal and Contact Details Form

Please complete the relevant section(s) you would like to update.

(\* Required information. Please  tick where appropriate and delete if not applicable.

### (A) Personal Particulars

I am a  Policyholder  Insured Person

Name Mr/Mrs/Ms/Mdm/Dr\* \_\_\_\_\_  
(Name as in your NRIC/FIN/Passport. Please underline surname)

NRIC/FIN/Passport No.\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
(Please provide NRIC No. if Applicant is a Singaporean/PR)

Please provide at least one additional security verification detail such as Policy No./Claim No./Acknowledgement No./Date of last policy purchase/  
Date of last premium deduction/Amount of last premium deduction/Other Insured Persons' name/Your vehicle number insured with MSIG/Region  
of travel of your latest travel policy/Coverage period for any policy you have or had with MSIG\*

\_\_\_\_\_

For the following sections, please complete only the sections which you will like us to update.

### (B) Update of Personal Particulars

Your particulars will be updated across all your policies under MSIG. For change in Name, please attach copy of Deed Poll.

Full Name \_\_\_\_\_  
(Name as in your new NRIC/FIN/Passport. Please underline surname.)

NRIC/FIN/Passport No. \_\_\_\_\_

Nationality \_\_\_\_\_

### (C) Change of Contact Details

Your contact details will only be updated for policies specified in the section below.

Mailing Address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Mobile No. \_\_\_\_\_ Home No. \_\_\_\_\_

Email Address \_\_\_\_\_

Are Contact Details updates to be applied to all your valid policies with MSIG?  Yes  No  
(If you select No, please list all Policy Numbers that you wish to apply the updates to. At least one Policy Number is required for this option. Insured Persons who wish  
to update contact details for claim purposes only, please select 'No' and indicate Claim Number.)

\_\_\_\_\_

### (D) Others

Comments, if any: \_\_\_\_\_  
\_\_\_\_\_

I confirm that I am the authorized policyholder and/or insured person and declare that my personal and contact details provided above are accurate.

\_\_\_\_\_  
Date

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807



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