

Authorisation form to transfer a no-claim discount (NCD)

I _____, agree to transfer my _____ % no-claim discount (NCD) to my husband/wife, (name) of _____ (last 4 alphanumeric of NRIC).

The NCD to be transferred:

From policy number or vehicle number

To policy number or vehicle number

Declaration by policyholder (transferor)

The NCD transfer only applies to a vehicle insured with Income.

The transfer of the NCD only applies if no claims have been made (or could be made) by anyone else against me on or before the date of the transfer.

I agree that this NCD transfer is a one-time transfer and cannot be reversed for my future motor policy with Income.

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.

I confirm that I am authorised to disclose information (including personal information) about another person as provided under this form.

I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

Signature of policyholder

Date (dd/mm/yyyy)

For official use

Staff name	Staff code	Branch