

INSURANCE ACT
INSURANCE (NOMINATION OF BENEFICIARIES)
REGULATIONS 2009
FORM 5
REVOCATION OF REVOCABLE NOMINATION

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

1. This Form can only be used to revoke a revocable nomination made in respect of one relevant policy.
 2. Unless the context otherwise requires, this Form must be completed in full in order for the revocation of a revocable nomination to be valid.
 3. The revocation of a revocable nomination under section 49M(4) of the Insurance Act (Cap. 142) must comply with that provision, and must be carried out using this Form, in order for the revocation to be valid.
 4. The revocation of a revocable nomination, if valid, will take effect from the date this Form is lodged with the licensed insurer that issued the relevant policy specified in Part 1.
 5. The revocation of a revocable nomination, if valid, will apply to the entire revocable nomination.
 6. The policy owner must sign this Form in the presence of 2 witnesses, in order for the revocation of the revocable nomination to be valid.
 7. This Form must be lodged with the licensed insurer that issued the relevant policy specified in Part 1. Otherwise, the licensed insurer will not be bound to give effect to the purported revocation of the revocable nomination by this Form.
 8. In relation to the personal data collected for this insurance Policy:
 - (a) the Company may collect, use and disclose your personal data for the purposes stated in its Privacy Policy, which include underwriting and administering the insurance Policy (including reinsurance/underwriting, claims processing, investigation, payment and other related purposes);
 - (b) the Company will not use, disclose or process your personal data for purposes which are not stated in the Privacy Policy or for which we have not obtained your consent. If the Company wish to use, disclose or process your personal data for another purpose, we will seek your prior written consent.
 - (c) the Company may disclose your personal data for the purposes to a related corporation; subsidiaries, holding companies, associated companies, or affiliates of, any credit bureau; any other person to whom disclosure is permitted or required by any law; and our third party service providers and agents (acting on our behalf). Those recipients may be located in or outside Singapore.
- For further details, please refer to our Privacy Policy available on our website at www.sompo.com.sg

Part 1 INSTRUCTIONS

In accordance with section 49M(4) of the Insurance Act, I revoke the revocable nomination which I had made on _____ in respect of the relevant policy specified below.

Policy No. or other reference of the relevant policy	
<small>Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured.</small>	
Name of insurer	Sompo Insurance Singapore Pte. Ltd.
Name of policy owner	
NRIC or Passport No. of policy owner	
Signature or right thumb print of policy owner	
Date	

Part 2 WITNESSES**Notes:**

1. Each witness must have attained the age of 21 years.
2. A witness must not be a nominee or the spouse of a nominee.
3. The date specified in this Part and the date specified in Part 1 must be the same date.

Name of witness	(1)	(2)
NRIC or Passport No. of witness		
Address of witness		
Telephone No. of witness		
Signature of witness	I confirm that this Form was signed by the policy owner in my presence.	I confirm that this Form was signed by the policy owner in my presence.
Date		

For Official Use Only

NOB Reference No.:

Date of Revocation: