

Form D – Revocation of Revocable Nomination

Important Notice

1. This form can only be used to revoke a Revocable Nomination made for 1 policy.
 2. This form must be completed in full to revoke a Revocable Nomination.
 3. Only a revocation of a Revocable Nomination made using this form will be valid.
 4. The revocation will be in respect of the entire Revocable Nomination will take effect from the date indicated in Part 1.
 5. The policy owner must sign this form in the presence of 2 witnesses.
 6. The insurer is not bound by this revocation of a Revocable Nomination for all transactions effected under the policy, including payouts, unless this form has been sent to the insurer by way of notification
 7. 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 (Cap.142), I revoke the previous Revocable Nomination made for the policy specified below.

Policy Number / Reference Number	
Name of Insurer	Sompo Insurance Singapore Pte. Ltd.
Name of Policy Owner	
NRIC/ FIN / Passport No	
Signature/Right Thumb Print	
Date	

Part 2: Witnesses

Important Notes

1. Witnesses must be at least 21 years old and must not be (i) any of the beneficiaries or (ii) the spouse of any of the beneficiaries.
2. The date of witnessing must be the same as the date indicated in Part 1 of this form.

Name of Witness	(1)	(2)
NRIC/ FIN / Passport no.		
Address		
Telephone no.		
Signature/Right Thumb Print		
Date		

For Official Use Only

NOB Reference No.:

Date of Revocation: