

Personal Data Correction Form

1. Personal Particulars of Requestor (in Block Letter)

| | | Previous data | | | |
|--|---------|---------------|-------|--|--|
| Name: Mr/Mrs/Ms/Mdm/Dr * (As per NRIC/Passport) | | | | | |
| NRIC/Passport/Employment Pass/Work Permit * | | | | | |
| Email: | | | | | |
| Contact Number: | Mobile: | Office: | Home: | | |
| Address: | | | | | |
| Postal Code: | | | | | |
| Policy No(s): | | | | | |

2. I would like to update/correct my personal data as follows (in Block Letter) [please tick on left column, where changes are applicable]:

| | | Data to be updated/corrected | | | |
|--|---------|--|-------|--|--|
| Name: Mr/Mrs/Ms/Mdm/Dr * (As per NRIC/Passport) | | | | | |
| NRIC/Passport/Employment Pass/Work Permit * | | | | | |
| Email: | | | | | |
| Contact Number: | Mobile: | Office: | Home: | | |
| Address: # | | | | | |
| Postal Code: | | | | | |
| # The new address to apply on all existing policies | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, please indicate the Policy No(s), which you DO NOT wish for the new address to be applied to. | | | | | |
| # Does this correction involve change in the Insured Interest? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

* Please delete if not applicable.

- Please fill the form completely; otherwise we may not be able to process your request.
- Please tick on left column for appropriate information that requires change(s).
- If not relevant, please write 'N/A' on the space provided.

For change of details that are marked with an asterisk (*), please provide a clear copy of the following document along with this form.

1. NRIC; or
2. Passport; or
3. Employment Pass/Work Permit

You may also choose to submit the completed form in person at:

Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623
Email : PDPA_Enquiries@sompo.com.sg
Operating hours : 8.30am to 5.30pm, Monday to Friday

We will try to respond to your request for correction promptly, in most cases within 30 business days of the receipt of this form.

Summary of Privacy Policy

We, Sompo may collect, use, store personal data to: (i) process application for underwriting, insurance and/or claims handling; (ii) provide services, manage your policy, carry out your instructions and respond to enquiries; (iii) carry out due diligence/other screening activities in line with legal/regulatory obligations/risk management procedures that may be required by law/put in place by us; (iv) payment settlement/collection (v) debt recovery (vi) statistical analytics and regulatory reporting (vii) comply with all applicable laws.

We may disclose your personal data to (i) parent and/or related companies (ii) intermediaries (iii) financial institutions, employer or group policyholder (iv) business partners (iv) local and/or foreign third party service providers (v) industry associations (vi) debt recovery agencies (vii) regulators, law enforcement and government bodies.

You may withdraw your consent for us to collect, use or disclose your personal data by giving us a written notice via email addressed to our Data Protection Officer at PDPA_Enquiries@sompo.com.sg, so long as there are no legal or contractual restrictions preventing you from doing so. If you withdraw your consent for us to use, collect or disclose your personal data, we will review and inform you on the consequences of the withdrawal.

You can request for access to your personal data held by us as provided by law. We may impose an administration fee for processing. Also, you have the right to request for correction of your personal data.

For further details, our Privacy Policy is available at www.sompo.com.sg/Privacy/PrivacyPolicy.aspx

Declaration and Agreement

I hereby confirm that I have read, understood and agreed to the Privacy Policy.

Signature:

Date of request:

For office use:

Attended By:
(Name of Employee)

Date of form receipt:

Date of change input:

Copy of identity document received