

Date :

To : Motor Insurance Department

AUTHORISATION OF TRANSFER OF NO CLAIM DISCOUNT (NCD)

I, _____ of NRIC No. _____ hereby agreed to transfer
my _____ % NCD to my Spouse, Name: _____ NRIC No. _____ .

The NCD is to be transferred:-

From Policy/vehicle number : _____

To Policy/ vehicle number : _____

The NCD transfer is only applicable to vehicle insured with NTUC Income.

I understand that this NCD transfer is a one-time transfer and will be irreversible for my future motor policy with NTUC INCOME.

The transfer of the NCD is subject to no claims incurred or made by any third parties against me prior to the date of the transfer.

Name of Policyholder

Signature

For Official Use

Staff Name

Branch

GI/G610/MT/09/2010