

## INSURED INSTRUCTION NOTICE - MOTOR



### Applicant Details

Name :	Contact No :
NRIC / Passport / BRN :	Notification date :
Policy no. :	Endorsement effective date :
Vehicle no. :	Period of insurance :

**With reference to the above matter, I/We would be most grateful if you could carry out the following:**

### Amendment(s)

<input type="checkbox"/> Insured's name :	<input type="checkbox"/> Year of make :
<input type="checkbox"/> Vehicle No. :	<input type="checkbox"/> C.C / Tonnage :
<input type="checkbox"/> Engine / Chassis No. :	<input type="checkbox"/> Address :
<input type="checkbox"/> *Sum insured from : to :	<input type="checkbox"/> Others (please specify) :

\* Declaration of Vehicle Condition form required. \*If the sum insured requested is below the current market value, Below Market Value form is required to be signed.

### Inclusion of additional benefit(s)

<input type="checkbox"/> Windscreen RM	<input type="checkbox"/> Special Perils (flood & etc.)	<input type="checkbox"/> Strike, Riot and Civil Commotion (SRCC)	<input type="checkbox"/> Extension to Thailand
<input type="checkbox"/> Legal Liability to Passenger (LLP)	<input type="checkbox"/> Legal Liability of Passenger (LLOP)	<input type="checkbox"/> All Riders / Drivers	
<input type="checkbox"/> Others (Please specify):			

### Request

Issue NCD Confirmation letter (Overseas)

Withdrawal NCD /  Transfer NCD from another vehicle no:

Extend the insurance period until:

\*\*Change the coverage from Third Party / Third Party Fire & Theft to Comprehensive.  
\*\* Vehicle inspection form required.

Transfer the rights and benefits of my policy to:

Cancel the above mentioned policy (Please specify the reason):

### Beneficiary Banking Details (\*to be completed when required)

<input type="checkbox"/> Bank Name :	<input type="checkbox"/> Bank Account No. :
<input type="checkbox"/> Bank Address / Branch :	
<input type="checkbox"/> Type of Account :	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others (please specify) _____
<input type="checkbox"/> ID captured during opening of bank account:	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Bus. Reg. No.

### Declaration

I/We hereby declare that all information provide herein is true and complete. I/We understand that Liberty General Insurance Berhad (the "Company") shall rely on the said information and accordingly, I/We shall indemnify the Company for any losses, damages or claims that it may suffer or incur as a consequence of relying thereon. I/We also consent to my/our personal data being collected, processed, used or disclosed in accordance with the Company privacy notice which is made available at [www.kurnia.com](http://www.kurnia.com)

Signature of Applicant :	Company Stamp :
Name :	Date: :

For your attention, I enclose herewith the :  Copy of NRIC  Copy of Passport  Business Registration Form

**Notes:**  
1. Please provide First page of either (a) Beneficiary's bank statement; or (b) Bank saving book showing the account name and account number; or (c) Details of the Beneficiary's bank account obtained from the bank's website or (d) written confirmation from the bank verifying the bank account details.

- if the copy of document mentioned in (1) not provided, the Company is deemed to have confirmed the account details provided in this form as valid and accurate. In the event of any invalid/inaccurate account details provided results in payment being credited into a third party bank account or if there is any loss incurred, the payment made thereto is still deemed as a full payment and Liberty General Insurance Berhad shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such payment.