



Request Form

Endorsement (Motor)

TOKIO MARINE
INSURANCE GROUP

From _____ Date _____

Re: e-Cover Note / e-Policy / Policy No. : _____

Vehicle No. : _____

Period of Insurance : From:

D	D	M	M	Y	Y	Y	Y

 To:

D	D	M	M	Y	Y	Y	Y

Please effect endorsement in respect of the following marked (✓)

 Insured's name should read as: _____ Period of Insurance should read as: _____ Revise Sum Insured: _____ Excess: _____ Loading: _____ Amend the following:

a) Vehicle No. _____ b) Engine/Chassis No. : _____

c) Vehicle Capacity/Seating _____ d) Make & Model: _____

 Cancel policy with effect from

D	D	M	M	Y	Y	Y	Y

 Reason: Car Sold Request by Insured Others : _____Enclosed: Original Certificate of Insurance Declaration of Loss of Certificate of Insurance Refund Premium for NCD entitlement _____ from Vehicle No. _____ Insurer: _____ Agent deducted the NCD _____ % on e-Policy with effect from

D	D	M	M	Y	Y	Y	Y

 NO REFUND REQUIREDEnclosed: Public ISM / ISM NCD Inquiry Other relevant documents Others: _____ Withdrawal of NCD _____ % with effect from :

D	D	M	M	Y	Y	Y	Y

 **Additional Benefits required _____

CONFIRMATION OF PREMIUM PAID (FOR OFFICE USE ONLY)

Additional Premium for Extra Benefits: RM _____ NCD Withdrawal: RM _____

Receipt No. _____ Confirmed by:

(Name)	(Initial)	(Date)

** Coverage is effective only upon receipt of payment

Name: _____

I/C No. _____

Contact No. _____

Authorised Signatory

DECLARATION FOR LOSS OF CERTIFICATE OF INSURANCE

In Compliance with the Motor Vehicle Third Party Risk Regulation, I/We hereby declare that the relative Motor Certificate of/Policy issued to me/us under the above policy number has been lost or mislaid and that this statement is true to the best of my/our knowledge my/our knowledge.

I/We further accept and undertake full responsibility of any claim or dispute arising from the loss of Motor Certificate/Policy and hereby undertake to indemnify the Company accordingly

Signature of Insured