

MOTOR ENDORSEMENT & CANCELLATION FORM

Section A: Details of Policyholder

Policyholder's Name: _____
 NRIC/Buss Reg No./Passport: _____ Contact No. & Email: _____
 Policy No. / Cover Note No. : _____ Vehicle No. : _____
(Delete where appropriate)
 Period of Cover: to

Section B: Amendment of Policyholder or Vehicle Details

Policyholder's Name	<input type="text"/>	Year of Make	<input type="text"/>
Vehicle No.	<input type="text"/>	Others <i>(Please specify)</i>	
Engine/ Chassis No.	<input type="text"/>		
CC / Tonnage	<input type="text"/>		

Section C: Instruction and Attention *Please tick (v) where appropriate*

Cancel abovementioned Policy/ Cover Note with effect from
(Note: JPJ Road Tax Cancellation Slip Policy or completed transfer of ownership must be enclosed with policy cancellation instruction)

Transfer NCD entitlement to Vehicle No with effect from
(Note: JPJ Road Tax Cancellation Slip Policy or completed transfer of ownership must be enclosed with policy cancellation instruction)

Withdraw NCD entitlement with effect from

Extend the period of insurance to

(For Motorcycle only) Transfer of policy to

Others *(Please specify)*

Section D: Refund and Authorisation

Refund of premium will be done electronically via e-payment. Please ensure that the account is active and belongs to the Policyholder.


Bank Name	<input type="text"/>
Account No.	<input type="text"/>

Section E: Additional Documentations Enclosed

<input type="checkbox"/> JPJ Road-Tax Cancellation Slip	<input type="checkbox"/> Photocopy of Identity Card / Passport
<input type="checkbox"/> Original Certificate of Insurance	<input type="checkbox"/> Photocopy of Vehicle Ownership Certificate / Registration Card
<input type="checkbox"/> Declaration for Loss of Certificate of Insurance	

Section F: Declaration

I / We hereby undertake to indemnify and keep Zurich General Insurance Malaysia Berhad and its agents indemnified from all demands, suits and claims hereinafter initiated by any party(s) made under the endorsement/ cancelled cover note requested hereto by me / us.



 Signature of Policyholder / Company's Stamp
 Date: _____