

TO : Kurnia Insurans, a division of AmGeneral Insurance Berhad  
HEAD OFFICE : Menara Kurnia, No. 9 Jalan PJS 8/9 46150 Petaling Jaya P.O. Box 8607, 46792 Petaling Jaya, Selangor Darul Ehsan.  
Tel : +603-7875 3333 Fax : +603-7875 9933 E-mail : corporate@kurnia.com Website : www.kurnia.com

FROM : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE : \_\_\_\_\_

Requisition For Cancellation Of Policy No. : \_\_\_\_\_  
Vehicle No. : \_\_\_\_\_ Period Of Insurance : \_\_\_\_\_

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With reference to the above matter, I/We would be most grateful if you could effect cancellation of the above policy from \_\_\_\_\_.

Reason : \_\_\_\_\_.

I/We would like to :

Transfer my/our NCD entitlement of \_\_\_\_\_% to my/our new vehicle no. \_\_\_\_\_.

Confirm my/our NCD entitlement.

Thank you for your kind co-operation.

Yours faithfully,

.....  
Signature of Insured

I/C No. : \_\_\_\_\_

Contact No. : \_\_\_\_\_

**DECLARATION OF LOSS OF CERTIFICATE OF INSURANCE**

In compliance with the Motor Vehicle Third Party Risk Regulation, I/We hereby declared that the relative Certificate of Insurance issued to me/us under the above policy number has been lost or mislaid and this statement is true to the best of my/our knowledge. I/We further assume responsibility for any claim or dispute arising out of the lost Certificate and undertake to indemnify the Company in this respect.

.....  
Signature of Insured

I/C No.: \_\_\_\_\_

**AmGeneral Insurance Berhad** (44191-P)

(Formerly Known as Kurnia Insurans (Malaysia) Berhad)

A Member of the Ambank Group

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