

Date:

To: THE PACIFIC INSURANCE BERHAD  
Unit 6.04 Menara Boustead  
No 39 Jalan Sultan Ahmad Shah,  
10050 Penang

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Policy No: \_\_\_\_\_  
Vehicle Registration No: \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

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I/We refer to my Motor Insurance policy as mentioned above and would like to advise the following:

- Cancel the above mentioned policy. (Reason : \_\_\_\_\_)
- Withdraw \_\_\_% NCD entitlement from the above policy. NCD transfer to Vehicle No: \_\_\_\_\_
- Refund \_\_\_% NCD for the above policy. (NCD taken from Veh no: \_\_\_\_\_ Policy no: \_\_\_\_\_)
- Extend the period of Insurance to expire on \_\_\_\_\_
- Reinstatement of my vehicle windscreen. Sum Insured RM \_\_\_\_\_
- Inclusion of extra coverage:
  - Additional Named Driver: \_\_\_\_\_ IC no: \_\_\_\_\_
  - Passenger Liability Cover
  - Legal Liability of Passenger
  - Others (please specify) \_\_\_\_\_
- Others (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

For your attention, I/We enclose the following where applicable:

- Original Policy
- Original Certificate of Insurance
- Photocopy of IC

Thank you

Yours sincerely

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Signature of Insured  
IC No: