

Name : _____

Address : _____

Tel No : _____ Email Add : _____

Pacific & Orient Insurance Co Berhad

Dear Sir,

Policy No : _____ Vehicle No : _____

Period of Insurance : _____ to _____

I would like to request for the amendment to my above policy effective from _____

1. Cancellation of policy 2. Vehicle Sold 3. Cancel Only

4. Amendment to policy details:-

Insured Name	<input type="checkbox"/>	Vehicle No	<input type="checkbox"/>	Period of Cover	<input type="checkbox"/>
Make / Model	<input type="checkbox"/>	Year Manufacture	<input type="checkbox"/>	Cubic Capacity	<input type="checkbox"/>
Engine No	<input type="checkbox"/>	Chassis No	<input type="checkbox"/>	Name / Add Drivers	<input type="checkbox"/>
Change of Address	<input type="checkbox"/>	Occupation	<input type="checkbox"/>	Incl. Extra Benefits	<input type="checkbox"/>
NCD Withdrawn	<input type="checkbox"/>	NCD Refund	<input type="checkbox"/>	NCD Difference	<input type="checkbox"/>
Increase Sum Insured	<input type="checkbox"/>	I/C / Passport No	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>

Others: _____

Note : Documents required for cancellation:-

1. Cancellation consent letter
2. Certificate of Insurance / Declaration Loss of Certificate of Insurance
3. Road Tax cancellation slip / Proof of cancellation of road tax on JPJ card
4. Insured name has been transferred on JPJ card

Authorization Instruction

I, _____ the insured / company hereby authorize Pacific & Orient Insurance Co Bhd to credit the refund premium due to me into my below bank account as follows:-

Bank Name	Bank Account	Bank Address / Branch
	<input type="checkbox"/>	

Signed by insured / Company (Co chop required): _____

I/C No / Co RegNo. _____ Date: _____

Note : Please enclosed copy of Bank Passbook / Bank Statement / Web Statement for verification