

To : The Manager,  
LONPAC INSURANCE BHD

From :

Date:

Dear Sirs,

Vehicle Number :  
Policy Number :  
Period of Insurance :

I/We wish to request for the following :-

- Withdrawal of No-Claim-Discount (NCD) entitlement with effect from \_\_\_\_\_
- Entitlement of \_\_\_\_\_ % NCD from \_\_\_\_\_ (previous insurer)  
(Copy of Previous Insurer document enclosed)
- Cancellation of the above policy w.e.f. \_\_\_\_\_ Reason : \_\_\_\_\_  
(Original Certificate of Insurance enclosed)
- Refund Premium to be made via Electronic Credit Payment (ECP) :-
- Bank Account No : \_\_\_\_\_
  - Bank Name : \_\_\_\_\_
  - Email Address : \_\_\_\_\_
  - Hand Phone No : \_\_\_\_\_
  - NRIC / ID No : \_\_\_\_\_
- Others (Please specify) : \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

**STATUTORY DECLARATION FOR LOSS CERTIFICATE OF INSURANCE**

I, \_\_\_\_\_ of \_\_\_\_\_  
engaged in the Trade, Occupation of, Profession of \_\_\_\_\_ **DO SOLEMNLY AND SINCERELY**  
**DECLARE** that the Original Certificate of Insurance/Cover Note No. \_\_\_\_\_ delivered to me  
by LONPAC INSURANCE BERHAD issued in accordance with the provisions under Section 91(4) of the Road Transport  
Act, 1987 (Malaysia) in respect of \_\_\_\_\_ bearing Registration No. of vehicle  
\_\_\_\_\_ has been lost or destroyed.

**AND I MAKE THIS SOLEMN DECLARATION** conscientiously believing the same to be true, and by virtue of the  
provisions of the Statutory Declaration Act 1960.

\_\_\_\_\_  
Signature of Insured/IC No

\_\_\_\_\_  
(A Commissioner For Oaths)  
Signature of Witness/IC No