



Zurich General Insurance Malaysia Berhad (1249516-V)
 Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia
 Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

DATE : _____
 NAME : _____
 TEL : _____
 ADDRESS : _____

DEAR SIR/MADAM,

RE: POLICY NO : _____
 COVER NOTE NO : _____
 VEHICLE NO. : _____
 PERIOD OF INSURANCE : _____

WITH REFERENCE TO THE ABOVE MATTER, I/WE WOULD BE MOST GRATEFUL IF YOU COULD EFFECT THE FOLLOWING :

- WITHDRAW NCD W.E.F _____
- CANCEL THE POLICY W.E.F _____
 ENCLOSED : THE ORIGINAL CERTIFICATE OF INSURANCE
 OR DECLARATION OF LOSS OF CERTIFICATE OF INSURANCE
- TRANSFER POLICY W.E.F _____
- INCLUDE W/SCREEN COVER W.E.F _____
- INCLUDE NAMED DRIVER W.E.F _____
- OTHERS _____

THANK YOU.

YOURS FAITHFULLY,

INSURED'S NAME : _____
 I.C. NO/ COMPANY STAMP CHOP :