

## E-COVER NOTE CANCELLATION REQUISITION FORM

To : ZURICH GENERAL INSURANCE MALAYSIA BERHAD

Date :

From : \_\_\_\_\_ of \_\_\_\_\_  
*Individual – name of policyholder & NRIC number*                      *Individual – leave this space blank*  
*Company – name of authorized personnel & NRIC number*                      *Company – name of Company & Buss. Regn. Number*

E-cover note number :

Personal Auto Cover (PAC) number (if any) :

Dear sir / madam,

I / We hereby would like to request for cancellation of the abovementioned e-cover note due to the following reason(s) :

- Change of Insurer. Please state name of the new Insurer : \_\_\_\_\_
- Mistake. Please state nature of mistake : \_\_\_\_\_
- Change type of coverage from \_\_\_\_\_ to \_\_\_\_\_
- Increase / Decrease of Sum Insured from \_\_\_\_\_ to \_\_\_\_\_
- Withdraw Extra Coverage
- Vehicle have been blacklisted by JPJ / Police
- Declined / Referred Risk

I / We hereby undertake to indemnify and keep Zurich Insurance Malaysia Berhad and its agents indemnified from all demands, suits and claims hereinafter initiated by any party(s) made under the cancelled e-cover note requested hereto by me / us.

Yours faithfully

Confirmed by

\_\_\_\_\_  
Signature of Policyholder / Authorized Personnel\_\_\_\_\_  
Signature and Rubber Stamp of Agent

NRIC No. : \_\_\_\_\_

Agency Code : \_\_\_\_\_

**IMPORTANT NOTE** : Cancellation of e-cover note for **Road Tax Purposes** is strictly not allowed. The Company shall issue an endorsement to reflect this type of cancellation.

### ZURICH GENERAL INSURANCE MALAYSIA BERHAD'S INTERNAL USE ONLY

Cancelled by :

Cancelled on :

\_\_\_\_\_  
Signature and Name\_\_\_\_\_  
Date

Verified by :

\_\_\_\_\_  
Signature and Name

Notification made to JPJ on :

\_\_\_\_\_  
Date