



Zurich General Insurance Malaysia Berhad

Registration No. 201701035345 (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

ENDORSEMENT FORM

FROM : NAME :
I/C NO/BUS.REG.NO. / :
PASSPORT/ID UNIF. :
ADDRESS :
POLICY NO./ :
VEHICLE NO :
PERIOD OF INSURANCE :

I/We, hereby, would like to request for endorsement of the above policy due to the following reason(s):-

- () Cancel the abovementioned policy w.e.f _____(Reason: _____)
- () Withdraw NCD entitlement from the abovementioned policy w.e.f _____
- () NCD allowed ____% w.e.f _____(NCD allowed)
- () Extend the period of insurance from _____to _____
- () Transfer of policy insurance to _____(Applicable to motorcycle only)
- () Amendment /Additional Details of Policyholder or Vehicle
 - a) Insured's Name : _____
 - b) Vehicle No. : _____
 - c) Engine/Chassis No. : _____
 - d) Additional Named Drivers : Please complete the details in the columns provided as below:

NO.	NAME	NEW/OLD NRIC/PASSPORT/ ID UNIFORM	DRIVING EXPERIENCE (YEARS)
1			
2			

e) Others (Please Specify) : _____

For your intention, I enclose herewith the:

- () Original Certificate of Insurance () Declaration for Loss of Certificate Insurance () Photocopy of Identity Card
- () Photocopy of Registration Card

I/We shall hereby undertake to indemnify and keep Zurich General Insurance Malaysia Berhad and its agent indemnified from all demands suits and claims hereinafter initiated by any party(s) made under the endorsement requested hereto by myself/us.

Yours faithfully,

Signature of Policyholder / Company Authorized Personnel
I/C No./Bus.Reg.No with Com. Stamp: _____

Bank Details

Name of Bank		Name	
Bank Acc.No		Signature	
Email Address		Email Address	
Contact No.of Insured/ Company		Date	

Note:

- 1 – The bank details requirement is used for the refund premium via e-payment only.
- 2 – The Insured's registered Identity No. shall alike with registered Bank Acc. No. for refunding of premium via e-payment.

Signature:

Date: