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Great Eastern General Insurance (Malaysia) Berhad (102249-P) (Formerly Insurance as Overseas Assurance Corporation (Malaysia) Berhad) Level 18, Menara Great Eastern, 303, Jalan Ampang, 50450 Kuala Lumpur General Line: +603 4259 8888 Fax: +603 4813 0055 Customer Service Careline: 1300-1300 88 Customer Service Email: gicare-my@greateasterngeneral.com Website: www.greateasterngeneral.com



## **CHANGE REQUEST FORM - MOTOR**

|  |                      |                        |  | TWO STATES OF THE STATES OF TH |
|--|----------------------|------------------------|--|--|
| Insured's Name   | :                    |                        |  | set Wind in A  |
| Policy No./Cover Note No.  | - 1                  |                        | and the second s | prairie and the Tracket of the vocation of   |
| Period of Insurance  |                      |                        | То   | Action of the experience of the second   |
| Effective Date of Change   | *                    |                        |  | Hamson, h  |
|  | 33                   |                        |  | control (Carrier 125) in   |
| Agency Code and Name   | : (Code)             | 1 - 15 Minimum and 1   | (Name)   | ngo disensi ili manifesta reprinte trafficia di sensi di   |
| With reference to the above matte additional premium, if any):-  | er, I/We would be g  | rateful if you could e | ffect the following (subject to  | company's approval and   |
| GENERAL:   |                      |                        |  |  |
| □ Amend insured's name to  |                      |                        |  | THE THE PROPERTY OF THE PROPER |
|  |                      | NRIC/BR No:            | Vite   | remandation (Mil Winner war o  |
| , Record pullurs.  |                      |                        | ABOUT DESCRIPTION OF THE PARTY  | Military September 1   |
| □ Updated correspondence address (New)   |                      | ţ                      | A SHARE BY TOTAL A   | - septembre (0.000) (0.000) (0.000) (0.000)  |
|  |                      |                        |  | The state of the second way  |
|  |                      |                        |  | 11   |
| Standar St. Sustantial III   |                      | Postcode               | State  | a constroid no mustorige 3)  |
| 16767  |                      |                        | even Prositive 32  | N. Saphur  |
| □ Extend the period of insurance until   |                      | ŧ                      | (Reason:   | - Site in a  |
| Cancel the policy  |                      | (Reason:               | Cidaminanano/)   |  |
| To Carice the policy   |                      | (reason.               |  |  |
| □ Change the Marketing Consen  | it to:               |                        | MANUFACTURE HARMAND  | sant cart to dry soft replendent on more con-  |
| o Y  | es (to be updated    | on the products & ser  | vices of the Company and C   | Group of Companies)  |
| THE STATE OF | lo (not to be updat  | ed on the products &   | services of the Company an   | d Group of Companies)  |
|  |                      |                        |  | D (\$14)   |
|  |                      |                        |  |  |
| ा एक कुमार करता हो   | est. A               |                        | with manual amounts.   | THE PARTY OF THE PARTY OF  |
| afficial in prancipal  |                      | HEREOTER CONTRACTOR    | remained vic 4+0 in F  |  |
|  |                      |                        | ETER STANDARD SKIP   |  |
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have been all contributes as a most decision of the second contributes and the second contributes and

| MOTOR:                |                                   |  |  |  |  |
|-----------------------|-----------------------------------|--|--|--|--|
| for Vehicle Re<br>No: | egistration                       |  | ATTENDED TO SERVICE OF THE SERVICE O | The sure of the sure of  |  |
| ⊐ Amend:              | (a) Vehicle No:                   |  | (b) Make/Model:  | WOODS WEIGHT TO THE ME   |  |
|                       | (c) Year of Manufacture:          | <u> </u>   | (d) Engine No:   |  |  |
|                       | (e) CC/Tonnage:                   | State only and the same  | (e) Chassis No:  | The second secon |  |
|                       | (f) Log Book No:                  |  |  | The state of   |  |
| /Withdraw the         | e No Claim Discount (NCD) en      | titlement from (Date):   |  | v "Skutlanigt es skutyjer",  |  |
| □ No Claim Di         | scount Refund                     | % From:  |  | (Insurer)  |  |
| □ Transfer of<br>NCD  | % To                              | Vehicle Reg No:  |  | (Spr. 1) (Work Canada  |  |
| □ Reinstate/A         | dd* the windscreen coverage       | Sum Insured RM   | (d/6)-1  | ARMANIQUARING CAMPACING X  |  |
| □ Add/Delete/         | Revised *Named Drivers            | : Please attach the relevant documen   | ts (ex: Photocopy NRIC)  | Stant and best of superson to  |  |
| OTHERS:               |                                   |  |  |  |  |
| □ Other Amer          | desete                            |  |  |  |  |
|                       | ichever not applicable            | *  |  | a Con 164 a 182 b 2 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d  |  |
|                       | 444 New State                     |  |  | See land landers are   |  |
| For your atten        | ntion, I/We enclosed herewith the | ne:  | 0  |  |  |
| ( ) Original F        | Policy                            | ( ) Copy of Log Book   | ( ) Cash   | ( ) Cash /Cheque - RM  |  |
| ( ) Original (        | Certificate of Insurance          | ( ) Copy of NRIC   | ( ) Lette  | ) Letter of Authorization  |  |
| ( ) Others:           |                                   |  |  |  |  |
| _                     |                                   |  |  |  |  |
|                       |                                   |  |  | ×  |  |
| (Signature of         | f Insured)                        | (Company Rubber Stamp)   |  |  |  |
|                       |                                   | Note: Only for commercial po   | plicy  | (Signature of Agent)   |  |
| Name:                 |                                   | Company Name:  |  | Name:  |  |
| NRIC No:              |                                   | BR No:   |  |  |  |
| Contact No:           |                                   | The second secon |  | NRIC No:   |  |
| 4stAv                 |                                   | Contact No:  | ntan)  | The state of the s |  |
| Date:                 | ON OF LESS OF PERFECT             | Date.  |  | Date:  |  |
| In compliance         | e with Section 102 (1) of the Ro  | TE OF INSURANCE (Made Compulsor<br>pad Transport Act 1987, I/We hereby dec<br>st or mislaid and this statement is true to  | lared that the relative Cert   | tificate of Insurance issued to me/us  |  |
| I/We further a        | assume responsibility for any c   | laim or dispute arising out of the lost Cer  | tificate and undertake to in   | ndemnify the Company in this   |  |
|                       |                                   |  |  |  |  |
| (Signature of         | Insured)                          | (Company Rubber Stamp)   | Di   | uly Witnessed by   |  |
|                       |                                   | Note: Only for commercial policy   | C  | ommissioners of Oaths  |  |
| DATA PROT             | ECTION NOTICE/ NOTIS PER          |  |  |  |  |
|                       |                                   | HERE COMPANY OF STREET STREET,   | reanal data, kindly refer to   | pur Domonal Data Bratis disc. Nation   |  |
|                       | w greateasterngeneral.com         | rsonal data and your rights over your pe   | rsonal data, kindiy relei to   | Our Personal Data Protection Notice  |  |