

## CHANGE REQUEST FORM - MOTOR

Insured's Name : \_\_\_\_\_

Policy No./Cover Note No. : \_\_\_\_\_

Period of Insurance : \_\_\_\_\_ To \_\_\_\_\_

Effective Date of Change : \_\_\_\_\_

Agency Code and Name : (Code) \_\_\_\_\_ (Name) \_\_\_\_\_

With reference to the above matter, I/We would be grateful if you could effect the following (subject to company's approval and additional premium, if any):-

### GENERAL:

- ☐ Amend insured's name to : \_\_\_\_\_
- NRIC/BR No: \_\_\_\_\_
- ☐ Updated correspondence address (New) : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Postcode \_\_\_\_\_ State \_\_\_\_\_
- ☐ Extend the period of insurance until : \_\_\_\_\_ (Reason: \_\_\_\_\_)
- ☐ Cancel the policy (Reason: \_\_\_\_\_)
- ☐ Change the Marketing Consent to:
- ☐ Yes (to be updated on the products & services of the Company and Group of Companies)
- ☐ No (not to be updated on the products & services of the Company and Group of Companies)

**MOTOR:****for Vehicle Registration  
No:** \_\_\_\_\_

☐ Amend: (a) Vehicle No: \_\_\_\_\_ (b) Make/Model: \_\_\_\_\_  
(c) Year of Manufacture: \_\_\_\_\_ (d) Engine No: \_\_\_\_\_  
(e) CC/Tonnage: \_\_\_\_\_ (e) Chassis No: \_\_\_\_\_  
(f) Log Book No: \_\_\_\_\_

☒ Withdraw the No Claim Discount (NCD) entitlement from (Date): \_\_\_\_\_

☐ No Claim Discount Refund \_\_\_\_\_ % From: \_\_\_\_\_ (Insurer)

☐ Transfer of NCD \_\_\_\_\_ % To Vehicle Reg No: \_\_\_\_\_

☐ Reinstate/Add\* the windscreen coverage Sum Insured RM \_\_\_\_\_

☐ Add/Delete/Revised \*Named Drivers : Please attach the relevant documents (ex: Photocopy NRIC)

**OTHERS:**

☐ Other Amendments : \_\_\_\_\_

\* to delete whichever not applicable

For your attention, I/We enclosed herewith the:

( ) Original Policy ( ) Copy of Log Book ( ) Cash /Cheque - RM  
( ) Original Certificate of Insurance ( ) Copy of NRIC ( ) Letter of Authorization  
( ) Others: \_\_\_\_\_

(Signature of Insured)

(Company Rubber Stamp)

(Signature of Agent)

Name:

Company Name:

Name:

NRIC No:

BR No:

NRIC No:

Contact No:

Contact No:

Contact No:

Date:

Date:

Date:

**DECLARATION OF LOSS OF CERTIFICATE OF INSURANCE (Made Compulsory following PIAM Circular No. 42 of 2007)**

In compliance with Section 102 (1) of the Road Transport Act 1987, I/We hereby declared that the relative Certificate of Insurance issued to me/us under the above policy number has been lost or mislaid and this statement is true to the best of my/our knowledge.

I/We further assume responsibility for any claim or dispute arising out of the lost Certificate and undertake to indemnify the Company in this respect.

(Signature of Insured)

(Company Rubber Stamp)

Duly Witnessed by

Note: Only for commercial policy

Commissioners of Oaths

**DATA PROTECTION NOTICE/ NOTIS PERLINDUNGAN DATA**

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [www.greateasterngeneral.com](http://www.greateasterngeneral.com)

Untuk maklumat berkenaan pemprosesan data peribadi dan hak anda ke atas data peribadi anda, sila rujuk Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web [www.greateasterngeneral.com](http://www.greateasterngeneral.com)