**Motor Vehicle Request Form**

**Date: .......................................................... Tel No. .....................................................**

**Policy Holder: .......................................................... Policy No. ................................................**

**Address: .......................................................... Registration No .......................................**

**Policy Period ........................................................... Premium: ..........................**

**Type of Vehicle ............................................................ Amt Paid: ..............................**

**Type of Coverage: Comprehensive Third Party Amt Used:………………………….**

**Adjustment to Policy Amount Owing……………………….**

**Effective .................................................**

**New Reg. #: ……………………………………………… Vehicle Info……………………………………………………………….**

**Cancellation:** Vehicle Sold Vehicle Traded Repossession

Vehicle Return to Dealer PFC Cancellation Off Road

Change to Private Change to Commercial Transaction Can.

**Refund Amount: ..................... payable to ……………………………………………………………..**

**Suspend policy Effective: ......................................... Reinstate Effective**

**(Vehicle off road / undergoing repairs / vehicle written off / leaving the island)**

**Reinstate Policy Effective…………………………………………….**

**Coverage change to Third Party**

**Increase/Reduce Sum Insured on vehicle: from.................................. to..................................**

**Additional Drivers (1) .............................................................................**

**(2) ..............................................................................**

**New / Additional Excess if Applicable: ..............................................................................**

**Delete Driver/Drivers ……………..................................................................................................**

**Change Name: ……………………………………………………………………………….………………………………………..**

**Co-Owner: Name ..............................................................................**

**D.O.B ....................... Occupation.................................**

**License History: .....................................................**

**Delete Co-Owner ...........................................................................................................**

**Delete Bank’s Interest …………………………………………………………………………………………………………**

**Note Bank’s Interest ...........................................................................................................**

**Comments ...........................................................................................................**

**Policy Holders Signature: ………………………………........................ Date……………….............**

**Witness .................................................................................. Date……………….............**