



MOTOR - REQUEST FOR CHANGE FORM

Name : _____ Date : _____
Address : _____ Tel : _____

MSIG Insurance (Malaysia) Bhd
Level 15 Menara Hap Seng 2, Plaza Hap Seng,
No. 1 Jalan P. Ramlee,
50250 Kuala Lumpur.

Dear Sirs,

Policy No./ Vehicle No. : _____
Period of Insurance : _____

With reference to the above, I/We wish to advise the following:
Please tick:

1. Cancel the Policy with effect from _____ due to vehicle sold or other reason: _____
1. The following documents are enclosed:
- 1.1 Original Policy
- 1.2 Original Certificate of Insurance
- 1.3 Declaration of Loss of Certificate of Insurance
2. Withdraw the NCD entitlement with effect from _____
3. To extend the Period of Insurance to _____
(*Note: Total Period of Insurance must be less than 2 years*)
4. To endorse the Policy for the following reason:
- 4.1 Change of Address to _____
- 4.2 Change of Name Driver(s)/ Include additional Named Driver(s)
(*Note: may subject to additional premium*)
- 4.3 Include Additional benefit(s): _____
(*Note: Subject to Additional Premium & inspection of vehicle*)
- 4.4 Others: _____

Thank you.

Yours faithfully,

[Insured's Signature/ Name/ NRIC or Passport]

Note: If Policy Holder is under Corporate Name, please complete with Company Rubber Stamp