

E-COVER NOTE CANCELLATION REQUISITION FORM

To : ZURICH GENERAL INSURANCE MALAYSIA BERHAD

Date : _____

From : _____
Individual – name of policyholder & NRIC number
*Company – name of authorized personnel & NRIC number*of _____
Individual – leave this space blank
Company – name of Company & Buss. Regn. Number

E-cover note number : _____

Personal Auto Cover (PAC) number (if any) : _____

Dear sir / madam,

I / We hereby would like to request for cancellation of the abovementioned e-cover note due to the following reason(s) :

 Change of Insurer. Please state name of the new Insurer : _____

 Mistake. Please state nature of mistake : _____

 Change type of coverage from _____ to _____

 Increase / Decrease of Sum Insured from _____ to _____

 Withdraw Extra Coverage

 Vehicle have been blacklisted by JPJ / Police

 Declined / Referred Risk

I / We hereby undertake to indemnify and keep Zurich General Insurance Malaysia Berhad and its agents indemnified from all demands, suits and claims hereinafter initiated by any party(s) made under the cancelled e-cover note requested hereto by me / us.

Yours faithfully

Confirmed by

Signature of Policyholder / Authorized Personnel_____
Signature and Rubber Stamp of Agent

NRIC No. : _____

Agency Code : _____

IMPORTANT NOTE : Cancellation of e-cover note for Road Tax Purposes is strictly not allowed. The Company shall issue an endorsement to reflect this type of cancellation.

ZURICH GENERAL INSURANCE MALAYSIA BERHAD'S INTERNAL USE ONLY

Cancelled by :

Cancelled on :

Signature and Name_____
Date

Verified by :

Signature and Name

Notification made to JPJ on :

Date