BERJAYA SOMPO INSURANCE

Motor Cancellation / Endorsement Form

Please use BLOCK letters and CROSS (X) in appropriate box

Particulars

Vehicle Registration No.

Policy No.

Insured's Name

Please select

☐ Withdraw NCD entitlement _____ % with effect from d d m m y y y y

☐ Cancel policy due to vehicle sold with effect from d d m m y y y y

☐ I hereby return the original Certificate of Insurance

☐ I hereby declare that the Certificate of Insurance issued for the above Policy Number is lost or misplaced. The policyholder shall remain responsible for any claim or dispute arising from the lost Certificate of Insurance and undertakes to indemnify Berjaya Sompo Insurance Berhad in this respect.

☐ Amendment

☐ Insured's Correspondence Address

☐ Insured's handphone number

☐ Insured's email address

☐ Others, please specify _____

Please provide bank details for premium refund* purpose:

Name of Bank

Bank Account No.

Account holder's Name

Insured's email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Premium refund must be deposited into insured's own account.*

Signature of Insured/**Insured's Authorised Representative

Insured's Company Stamp (if applicable)

Name : _____

IC No. : _____

Date : _____

Designation : _____

(***If Insured is a Company*)

For BSIB Office Use Only