

TO : KURNIA INSURANS (MALAYSIA) BERHAD

(A member of the Kurnia Group of Companies)  
Company Number: 44191-P

UW-MT-F013  
REV: C

HEAD OFFICE: Menara Kurnia, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,  
P.O. Box 8607, 46792 Petaling Jaya, Selangor Darul Ehsan, Malaysia.  
Tel: 03-7875 3333 Fax: 03-7875 9933 Email: corporate@kurnia.com.my Website: www.kurnia.com.my

FROM : \_\_\_\_\_

\_\_\_\_\_

DATE : \_\_\_\_\_

RE : POLICY NO : \_\_\_\_\_  
VEHICLE REGISTRATION NO : \_\_\_\_\_  
PERIOD OF INSURANCE : \_\_\_\_\_

With reference to the above matter, I/We would be most grateful if you could effect the following :

- ( ) Issue a NCD Confirmation Letter (Local/Overseas)
- ( ) Withdraw NCD entitlement from the above mentioned policy w.e.f. \_\_\_\_\_
- ( ) Transfer the rights and benefits of my policy to \_\_\_\_\_ w.e.f. \_\_\_\_\_
- ( ) Extend the insurance period until \_\_\_\_\_
- ( ) Cancel the above mentioned policy w.e.f. \_\_\_\_\_ (Reason : \_\_\_\_\_)
- ( ) Amend : a) Insured's name \_\_\_\_\_ b) Vehicle no. \_\_\_\_\_  
c) Year of Make \_\_\_\_\_ d) Engine/Chassis No. \_\_\_\_\_  
e) C.C. / Tonnage \_\_\_\_\_ f) Others (please specify) \_\_\_\_\_

Inclusive of Extension Benefit :

- ( ) Windscreen RM \_\_\_\_\_ ( ) LLP ( ) All Riders/Drivers
- ( ) SRCC ( ) Flood ( ) Others (please specify) \_\_\_\_\_

For your attention, I enclose herewith the :

- ( ) Original Policy ( ) Photocopy of I/C
- ( ) Original Certificate of Insurance ( ) Photocopy of Registration Card / Road Tax Disc

I/We, hereby authorised \_\_\_\_\_ I/C No \_\_\_\_\_ to collect the NCD letter on my/our behalf.

Thanking you for your kind co-operation.

Yours faithfully,

.....  
(Signature of Insured)

I/C No.

**DECLARATION OF LOSS OF CERTIFICATE OF INSURANCE**

In compliance with the Motor Vehicle Third Party Risk Regulation, 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)

I/C No : .....