



# ace insurance

## ACE Commercial ENDORSEMENT NOTIFICATION FORM

Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Period of Insurance : \_\_\_\_\_  
Date : \_\_\_\_\_

Endorsement Effective date: \_\_\_\_\_

Type of Endorsement:  Non Financial  Financial  
(Please X your selection)

### Non Financial

- Change of Registered Address / Contact No  
New: \_\_\_\_\_
- Change of Policy holder name / Insured name  
\_\_\_\_\_
- Others. Please specify  
New: \_\_\_\_\_

### Financial

- Policy Cancellation. Effective date : \_\_\_\_\_  
Reasons : \_\_\_\_\_
- Include/ Delete location(s)  
Please specify: \_\_\_\_\_
- Include/ Amend / Delete coverage / Product  
Please specify : \_\_\_\_\_
- Include / Reduce sum insured  
Product : \_\_\_\_\_ to RM \_\_\_\_\_  
Location : \_\_\_\_\_ to RM \_\_\_\_\_
- Others. Please specify  
\_\_\_\_\_

Advised by : \_\_\_\_\_  
( Name/ Signature/Company's stamp

Date: \_\_\_\_\_