



**ace jerneh**

**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: