



Zurich General Takaful Malaysia Berhad (1260157-U)
 Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia
 Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

ENDORSEMENT FORM

FROM : NAME :
 I/C NO/BUS.REG.NO./ :
 PASSPORT/ID UNIF. :
 ADDRESS :
 CERTIFICATE NO./ :
 COVER NOTE NO. :
 VEHICLE NO :
 PERIOD OF COVER :

I/We, hereby, would like to request for endorsement of the above cover note due to the following reason(s):-

- () Change of Insurance/Takaful Company (Double Insurer)
- () Cancel the abovementioned certificate w.e.f _____(Reason: _____)
- () Withdraw NCD entitlement from the abovementioned certificate w.e.f _____
- () Transfer _____ NCD entitlement w.e.f _____ (NCD Refund Contribution)
- () Extend the Takaful period until _____ to _____
- () Transfer the rights and benefits of my Certificate to _____
- () Amendment /Additional Details of Certificate Holder or Vehicle
 - a) Participant's Name : _____
 - b) Vehicle No. : _____
 - c) Engine/Chassis No. : _____
 - d) Additional Named Drivers : Please complete the details in the columns provided as below:

NO.	NAME	NEW/OLD NRIC/PASSPORT/ ID UNIFORM	DRIVING EXPERIENCE (YEARS)
1			
2			
3			

e) Others (**Please Specify**) : _____

For your intention, I enclose herewith the:

- () Original Certificate of Takaful () Original CI () Statutory Declaration () Declaration for Loss Certificate
- () Photocopy of Identity Card () Photocopy of Registration Card

I/We shall hereby undertake to indemnify and keep Zurich Takaful and its agent indemnified from all demands suits and claims hereinafter initiated by any party(s) made under the endorsement requested hereto by myself/us.

Yours faithfully,

Confirm by,

 Signature of Certificate Holder / Authorized Personnel
 I/C No./Bus.Reg.No with Com. Stamp: _____

 Signature or/and Agent's Stamp / Authorized Personnel
 Agent Code : _____

Bank Details

Marketing personnel

Name of Bank		Name	
Bank Acc.No		Signature	
Email Address		Email Address	
Contact No.of Participant/Company		Date	

Note:

- 1 – The bank details requirement is used for the refund contribution via e-payment only.
- 2 – The Participant's registered Identity No. shall alike with registered Bank Acc. No. for refunding of contribution via e-payment.

Signature :

Date :