



REQUEST FOR CHANGE (ENDORSEMENT)

POLICY NO. : _____ TEL NO. : _____

POLICYHOLDER : _____

For Corporate Policyholder, kindly complete the following:

Malaysian Tax Identification No. : _____ Sales or Service Tax (SST) Registration No. : _____

Date of Incorporation : _____ Place of Incorporation : _____

Country of Origin : _____

I/We, _____ New NRIC No. / Passport No. (for foreigner only) / Company No. /

Business Registration No. _____ hereby request and authorise AIA General Berhad for the following with the understanding

and agreement that this request shall be attached to and form part of the said Policy:

MOTOR INSURANCE		VEHICLE REGISTRATION NO. : _____	
Particulars	Change Effective Date	Details of Change(s)	
1. Please increase Sum Insured			
2. Please reduce Sum Insured			
3. Please change correspondence address			
4. Please cancel policy I hereby enclose <input type="checkbox"/> The Original Certificate of Insurance (Please tick) <input type="checkbox"/> Statutory of Declaration of Loss CI <input type="checkbox"/> Road Tax Cancellation		Reason of Cancellation?	
5. Please extend period of insurance (not exceeding 6 months) to expire on			
6. Withdrawal of NO CLAIM DISCOUNT (NCD)			
7. No Claim Discount Refund			
8. Inclusion of Named Driver			
Name :			
NRIC No. :			
Occupation :			
Nature of Business :			
Years of Driving Experience :			
Relationship with Policyholder :			
9. Others – (please specify) _____ _____			

NON MOTOR INSURANCE			
Particulars		Change Effective Date	Details of Change(s)
1.	Please add / amend Policyholder's Name		
2.	Please change correspondence address		
3.	Please amend Risk Location		
4.	Please increase Sum Insured/Add new items (Please tick)		
a)	A-Essential Home: <input type="checkbox"/> Houseowner <input type="checkbox"/> Householder <input type="checkbox"/> All Risks <input type="checkbox"/> Personal Liability		
b)	A-Essential Business / <input type="checkbox"/> Fire Section A-Essential JMB: <input type="checkbox"/> Change of Plans		
c)	A-Fire Insurance: <input type="checkbox"/> Building <input type="checkbox"/> Contents		
5.	Please reduce Sum Insured (Please tick)		
a)	A-Essential Home: <input type="checkbox"/> Houseowner <input type="checkbox"/> Householder <input type="checkbox"/> All Risks <input type="checkbox"/> Personal Liability		
b)	A-Essential Business / <input type="checkbox"/> Fire Section A-Essential JMB: <input type="checkbox"/> Change of Plans		
c)	A-Fire Insurance: <input type="checkbox"/> Building <input type="checkbox"/> Contents		
6.	Please add Mortgagee Name		
7.	Please cancel policy		Reason of Cancellation?
8.	Others – (please specify) _____ _____		

PERSONAL DATA			
Particulars		Change Effective Date	Details of Change(s)
1.	I would like to access to my personal data on _____		
2.	Please stop processing my personal data for Direct Marketing		
3.	I would like to receive information on product launches/promotions		
4.	Please stop sending information/materials on product launches/promotions		

E-PAYMENT REFUND VIA DIRECT CREDIT**Important Notice:**

Please fill up this section when there is a refund and ensure that all information is complete and accurate to avoid any delay in payment.

Policyholder's Name (as appearing in bank account statement)
(A copy of Policyholder's NRIC is required together with this request.)

NRIC or Company Registration No.

Name of Bank

Bank Account No.

Email Address

DECLARATION AND AUTHORISATION

1. I/We declare that the information given are true, complete and accurate.
2. I/We authorise AIA General Berhad ("AIA") to credit any payment due to me/us under the above policy/ other policies that I/we have with AIA to the above bank account or any bank account that is last updated in AIA's records. I/We understand that AIA relies on the information given by me/us and I/We agree to indemnify AIA if it suffers any losses arising from this authorisation.
3. This instruction shall remain binding upon me/us until AIA's receipt of my/our written notification to cancel the instruction.
4. Any fee(s) imposed by the bank for this service shall be fully borne by me.
5. AIA reserves the right at any time:
 - (a) Without prior notice to discontinue, interrupt, withdraw or suspend this service in whole as it deems fit and without assigning any reason whatsoever and AIA shall not be held liable for any loss or damage which may be suffered by me/us as a result of such action by AIA.
 - (b) To add, delete or amend any of the above conditions. Such amendments shall become effective on such date as AIA may elect to adopt and the continued use of this service by me/us shall constitute my/our acceptance of the said amendments.
 - (c) To issue a cheque directly to me and send it to my correspondence address as per the records with AIA in the event the information provided above is incorrect, incomplete and/or otherwise not possible due to no fault of AIA, to successfully process this request.
6. I/We agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be used and disclosed by AIA to individuals or organisations related to and associated with the Company or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of processing this application. AIA may use my information to provide service for this and other financial products and services to me/us and to communicate with me/us for such purposes. I/We understand that I/we have a right to get access to and to request correction of any personal information held by the Company concerning me/us. Such requests can be made at any of the AIA's Customer Service Centre.

REGULATORY IMPOSED TAX, FEES, CHARGES ETC.

AIA General Berhad (924363-W) reserves the right to collect from you an amount equivalent to the applicable Government Tax payable on the applicable premium for the policy period. Your obligation to pay the applicable Government Tax shall form part of Terms and Conditions of your insurance policy.

Signature of Policyholder or Company /
Organisation's Rubber Stamp (where applicable)

Signature of Witness

Name :

Name :

NRIC No. :

NRIC No. :

Passport No. :
(for foreigner only)

Passport Expiry Date :

Mobile No. :

Designation :

Date

Note: ** Signature of policyholder on this form must match with the proposal form for insurance.

FOR OFFICE USE ONLY

Verified by:

Date: