		DATE :
FROM : NAME :_		
ADDRESS :_		
-		
(ADMINISTE 6TH FLOOR 17, LORONO	N MOTOR INSURANCE POC RED BY MMIP SERVICES S , BANGUNAN MALAYSIAN F G DUNGUN, DAMANSARA H G 11068, 50990 KUALA LUN	EDN BHD)(727804-H) RE, EIGHTS,
Re: 1) Vehicle No. :		1) Policy No.:
2) Prime Mover No. :		
3) Trailer No. :		
New IC No./BR. N	o.:	-
I/We would like to requ	est for the following:	
1. To witho	draw NCD from my/our motor po	licy with effect from :
	e me/us an Overseas No Claim [
		cy/ies with effect from :
^{3.} (inclu	ding the Trailer attached to Pr	ime Mover)
		of premium due to me/us will only be calculated from the date ince or the Statutory Declaration.
4. * To ext	end the policy Period of Insurance	ce from to
Others	··	
5. Ciners		
	h my/our Motor Certificate of I tutory Declaration if the Certific	nsurance. ate of Insurance cannot be returned because it has been lost o
Signature / Company	/'s Rubber-stamp	Contact No. / E-mail address
	DECLARATION OF LOSS OF	MOTOR CERTIFICATE OF INSURANCE
Insured's Name:		Vehicle No. :
in compliance with the Insurance issued to me best of my knowledge	e/us under the above Motor Poli	Regulations, I/We hereby declare that the Motor Certificate o cy has been lost or mislaid and that this statement is true to the ibility for any claim or dispute arising out of the loss of Moto
Signature,	Company's Rubb	er-stamp,
New IC No. :	BR. No. :	Duly Witnessed by Commissioner for Oaths
FOR OFFICE USE ON	LY	
Branch Office :		
Name of Officer accept	ing the form :	Date and Time received :