

## CANCELLATION FORM FOR MOTOR INSURANCE POLICY

CAR INSURANCE POLICY NO : \_\_\_\_\_

VEHICLE NO : \_\_\_\_\_

**MOTOR POLICY CANCELLATION**

**Date of Cancellation** \_\_\_\_\_

++ Cancellation of Policy will only take effect upon receipt of the original Certificate of Insurance  
OR Declaration of Loss Form.

**Reason for Cancellation** \_\_\_\_\_  
\_\_\_\_\_

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### **DECLARATION**

I declare that I have not amended, transferred or traded the Certificate to any third party or used it in any formal capacity as proof of cover or value.

I recognize that the original Certificate of Insurance remains the property of Aviva Ltd and I am required to surrender it to Aviva Ltd upon cancellation or replacement. I understand that following cancellation or replacement, it will have no value and that it cannot be used as proof of cover.

\_\_\_\_\_  
Name Of Policyholder

\_\_\_\_\_  
Signature Of Policyholder

\_\_\_\_\_  
NRIC / FIN Number

\_\_\_\_\_  
Date