

To :

Attn: The Officer-In-Charge
Motor Department

Dear Sir/ Madam

RE: TERMINATION / CANCELLATION INSURANCE POLICY

Insured Name:

Vehicle No:

Policy NO: _____

Expiry Date:

I wish to terminate my insurance Policy with effect from
_____.

Enclosed is my Original Insurance Certificate for your necessary
action.

Please do not hesitate to contact me if you encounter any problems.

Thank you.

Signature
Company Stamp (if any)