ALLIANZ MOTOR INSURANCE
CANCELLATION REQUEST FORM

Please complete all related sections; failure to do so may result in your request being delayed. Policyholder must countersign any changes or amendments in this form in full signature.

A. Personal Data

Name of Policyholder	
Address	
Contact Telephone No.	

B. Policy Details

Policy Number	
Registration Mark	
Date of Cancellation (DD/MMM/YYYY)	

C. Reason(s) for Cancellation

Please put a √ in the box as appropriate

☐ Transfer of vehicle ownership

☐ Have signed up for another insurance company

☐ Others (Please Specify) : _____

D. Refund Instructions (if you are entitled to a refund)

Name of Account Holder:			
SWIFT Code		Bank Code	
Bank Account Number			

E. Important Note

1. Termination of Policy shall become effective after the request form is received by the Company
2. The Policy is subject to a minimum premium of HK$500 (not including M.I.B. surcharge and Insurance Authority Levy)

F. Declaration and Signature

I/We, hereby declare and agree that:

1. I am/We are the Policyholder of the insurance Policy number as mentioned above and have requested Allianz Global Corporate & Specialty SE (incorporated in the Federal Republic of Germany with limited liabilities) Hong Kong Branch ("Company") to process the cancellation of the Policy
2. The above information is true and complete to the best of my/our knowledge.
3. Allianz can request for more information if required.
4. Once the request is processed, the Policy will be terminated permanently and cannot be reinstated.

_____ Signature (with company chop for corporate applicant)

_____ Date (DD/MMM/YYYY)

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