

Health & Personal Accident Insurance Cancellation Application Form

Policy No.....

Insured's name.....

The effective of cancellation date.....Month.....Year.....Time.....

The documents will return to the company as follows:

- 1. Original Policy
- 2. Health Insurance Card of the above policy
- 3. If the documents in item 1 and Item 2 lost, the insured will submit the follow document
 - 3.1 Police Memo issue by Police with indicate the lost documents
 - The above Original Policy
 - Health Insurance Card
 - 3.2 Copy of Insured's ID or ID of Legislator if the insured is a minor with certified the copy.

The reason of cancelled.....
.....

In case of premium paid and the Insured is a minor, Please specified the name for return premium by cheque. The name of Legislator.....

If the insured is not a minor, the company will pay the cheque in the name of insured only.

The Insured/The Legislator agree and accept the policy cancellation will be cancel effective by the date of the above.

.....
(Name of Insured) (Name of Legislator)
.....

Date.....Month.....Year.....

The cancellation by the legislator in case of the insured's age is under 20 years old, please specific the details as follows":

Name of Legislator.....

ID No.....

Address.....
.....
.....

Tel.....

Relationship Father Mother
 Another (Please Specified).....

Cancellation Request Document Checklist

In case you would like to cancel the policy, we have to request the documents as following;

- Cancellation letter
- The copied 1st page of the policyholder's book bank for refund the premium
- A photo of destroyed member cards