

# Coverage Limit Increase Policy Endorsement

Motor Insurance Policy

Policyholder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Vehicle Registration No.: \_\_\_\_\_  
Endorsement Effective Date: \_\_\_\_\_

Endorsement No.: \_\_\_\_\_

## Purpose of Endorsement

This endorsement is issued to reflect an increase in the coverage limits under the above-referenced Motor Insurance Policy. All other terms, conditions, and exclusions of the policy remain unchanged except as specifically stated herein.

## Amended Coverage Limits

Coverage Type	Previous Limit	New Limit
Third-Party Liability	_____	_____
Own Damage	_____	_____
Personal Accident	_____	_____
Other (specify):	_____	_____

## Premium Adjustment

Additional Premium (if any): \_\_\_\_\_

## Remarks

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Authorized Signatory  
Insurance Company

*This endorsement forms part of and should be read in conjunction with the Policy identified above.*