

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

Authorized Signatory
Insurance Company

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