

Motor Insurance Endorsement

Endorsement No.: _____
Date of Issue: _____

Policyholder Name _____

Policy Number _____

Vehicle Registration No. _____

Period of Insurance From _____ To _____

Endorsement Details

This endorsement forms part of and is to be read with Policy No. _____ issued to _____.

Nature of Endorsement:

Effective Date of Endorsement: _____

Remarks:

Premium Adjustment

Premium Before Endorsement _____

Premium After Endorsement _____

Additional Premium / Refund _____

For and on behalf of the Company

Authorised Signatory
Date: _____