

Date: \_\_\_\_\_

Lonpac Insurance Berhad  
24<sup>th</sup> Floor, Bangunan Public Bank  
6, Jalan Sultan Sulaiman  
50000 Kuala Lumpur

Re: NOTIFICATION ON CANCELLATION OF PREVIOUS POLICY

I'm writing in to confirm that I'm cancelling my policy with

\_\_\_\_\_

(name of Insurance Company) with effect from \_\_\_\_\_

Thank you.

\_\_\_\_\_  
Name of Proposer (As in NRIC):

New NRIC No: