

Medical Insurance Department  
The Pacific Insurance Berhad  
40-01, Q Sentral, 2A Jalan Stesen Sentral 2,  
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.  
(P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.)

Dear Sir/Madam

**RE: CONFIRMATION ON CANCELLATION OF THE PRECEDING POLICY**

I hereby confirm that I will cancel my preceding policy(ies) mentioned below after I have received the approval for my take-over application(s) with The Pacific Insurance Berhad dated \_\_\_\_\_ (application date).

Proposer/Policyholder : \_\_\_\_\_

Insurance Company Name : \_\_\_\_\_

Policy Number(s) : \_\_\_\_\_

Insured Person(s) : \_\_\_\_\_

Attached are the Supplementary Questionnaire for Take-Over Policy and copies of the above preceding policy(ies) schedule(s), schedule(s) of benefits and proof of my last premium payment(s). Kindly review my take-over application as soon as possible.

Thank you.

Your faithfully

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Proposer : \_\_\_\_\_

New NRIC Number : \_\_\_\_\_