

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

HOSPITAL AND SURGICAL INSURANCE

POLICY NO: _____

RE: SUCCEEDING POLICYHOLDER

I refer to the coming renewal of the above policy.

Kindly be advised that I wish to renew my insurance coverage under my own name and not under my parent's name (as I am no longer a dependant child) or spouse's name or company's name (whichever is applicable) at this coming renewal.

I have provided the full details requested below and enclosed is the renewal premium payment.

Thank you.

Your faithfully

Signature of Succeeding Policyholder

Date of Signature

Name of Succeeding Policyholder : _____

New NRIC Number : _____

Address (to complete if the
current address is different from
the address in the above policy) : _____
: _____

Telephone Number : House : _____ H/P : _____

Occupation / Nature of Work : _____

If you have stated that you are a student above, please provide the name of the course and learning institution that you are studying at below:

Name of the Course : _____

Name of the Learning Institution : _____

If you have stated that you are currently unemployed above, kindly inform us in writing when you start working.