

Please complete all related sections; failure to do so may result in your request being delayed. Policyholder must countersign any changes or amendments in this form in full signature. 請填寫所有相關部分；否則可能會導致您的請求被延遲。保單持有人必須在本表格中的任何變更或修訂上連署並完整簽名。

A. Personal Data 個人資料	
Name of Policyholder 保單持有人姓名	
Address 地址	
Contact Telephone No. 聯絡電話	
B. Policy Details 保單詳情	
Policy Number 保單號碼	
Registration Number 車牌號碼	
Date of Cancellation 取消日期 (DD/MMM/YYYY)	
C. Refund Instructions (if you are entitled to a refund) 退款戶口資料 (如果您有權獲得退款)	
Name of Account Holder 帳戶持有人名稱:	
SWIFT Code SWIFT 碼	Bank Code 銀行代碼
Bank Account Number 銀行帳號	
D. Important Note 重要提示	
<ol style="list-style-type: none">Termination of Policy shall become effective after the request form is received by the Company 保單終止於本公司收到申請表後生效The Policy is subject to a minimum premium of HK\$500 (not including M.I.B. surcharge and Insurance Authority Levy) 保單的最低保費為 500 元港幣 (不包括 M.I.B. 附加費及保險業監理局徵費)	
E. Declaration and Signature 聲明與簽名	
I/We, hereby declare and agree that 我/我們特此聲明並同意:	
<ol style="list-style-type: none">I am/We are the Policyholder of the insurance Policy number as mentioned above and have requested Allianz Global Corporate & Specialty SE (incorporated in the Federal Republic of Germany with limited liabilities) Hong Kong Branch ("Company") to process the cancellation of the Policy 本人/我們為上述保單號碼的保單持有人，並已要求 Allianz Global Corporate & Specialty SE (於德意志聯邦共和國註冊成立的有限公司) 香港分公司 ("公司") 辦理取消手續政策的The above information is true and complete to the best of my/our knowledge. 據我/我們所知，上述資訊真實且完整。Allianz can request for more information if required. 如果需要，安聯可以要求提供更多資訊。Once the request is processed, the Policy will be terminated permanently and cannot be reinstated. 一旦請求得到處理，保單將永久終止且無法恢復。	
Signature (with company chop for corporate applicant) 簽名 (法人申請人需加蓋公司印章)	Date (DD/MMM/YYYY) 日期 (日/月/年)

點擊下面透過電子郵件
提交填寫完畢的表格