



# STATE INSURANCE COMPANY LIMITED

Live in a better State of mind

Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.  
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

## Amendment to Motor Policy

I/We hereby authorise State Insurance Company Ltd. to effect the under-mention change(s) to my/our policy effective \_\_\_\_\_.

Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Reduce the cover from Comprehensive to Third Party.

Reduce/ Increase the value of the vehicle from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Add vehicle number(s) \_\_\_\_\_

Delete vehicle number(s) \_\_\_\_\_

Add additional driver(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Note: Additional driver(s) particulars overleaf.

Delete driver(s) \_\_\_\_\_

Cancel/ suspend (Vehicle number) \_\_\_\_\_

Cancel/ suspend policy \_\_\_\_\_

Transfer policy to \_\_\_\_\_

Requesting refund \_\_\_\_\_

Transfer refund to \_\_\_\_\_

Reinstate/ revive Policy \_\_\_\_\_

Endorse Policy in favour of \_\_\_\_\_

Cancel endorsement in favour of \_\_\_\_\_

Change of address \_\_\_\_\_

Forward information to the following address \_\_\_\_\_

Change from named driver to open cover \_\_\_\_\_

Change from Open cover to named driver \_\_\_\_\_

Delete Co-owner \_\_\_\_\_

Insured Signature \_\_\_\_\_

Date \_\_\_\_\_