

Redcliffe Street
P.O Box 2386
St. John's, Antigua

Tel: (268) 484-6400
Fax: (268) 562-8238
E-Mail: abji@abiinsurancecoltd.com



Policy No: **Type of Policy:**

Insured: **Expiry Date:**

I/We hereby authorize the ABI Insurance Company to effect the under-mentioned change(s) to my/our

Above referred to Policy from 20

(PLEASE TICK THE APPROPRIATE BOX)

- Reduce the cover from Comprehensive to Third Party**.....
- Reduce/Increase the value of the vehicle to**
- Add Vehicle**
- Delete Vehicle**
- Add Additional Driver(s) 1) 2)**
- Note: Additional driver(s) particulars overleaf. 3) 4)**
- Delete driver(s)**
- Add Vehicle number** **Delete Vehicle Number:**
- Add Vin number** **Delete Vin Number:**
- Add Engine number** **Delete Engine Number:**
- Change Cover to Any Authorised Licensed Driver**.....
- Cancel/Suspend Policy**:.....
- Reinstate/Revive Policy**
- Endorse Policy in favour of**
- Cancel endorsement in favour of**
- Forward all information to my address:**
- Add/Remove as joint Policyholder:**

Insured's Signature **Date**

Name: **Age:**

Address:

Occupation:

Driving Experience:

Accident History:

Name: **Age:**

Address:

Occupation:

Driving Experience:

Accident History:

Name: **Age:**

Address:

Occupation:

Driving Experience:

Accident History:

Name: **Age:**

Address:

Occupation:

Driving Experience:

Accident History: