



CANCELLATION DECLARATION - MOTOR POLICY

Name: _____
 Address: _____
 Contact No: _____
 Cancellation Date: _____
 Policy No: _____

Type of Policy: Commercial Private
 Cancellation Date: _____
 Year, Make & Model: _____
 Vehicle Color: _____
 VIN Number: _____

WAS THE ABOVE-MENTIONED VEHICLE INVOLVED IN A MOTOR ACCIDENT? YES NO

Return Premium:	(Cheque) OR (Credit on Account) OR (Credit Transfer to Another Policy)
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I declare that, to the best of my knowledge and belief, the statements made by myself or written in answer to the questions on the proposal form completed and signed by me on the effective date of the policy remain true and complete and that I have not had any known losses prior to this date or withheld any information material to the insuring of the above captioned vehicle. I further declare that there have been no material changes to the risk or modifications made to the vehicle to be insured under this policy.

In cancelling this policy, I understand that if any motor-related accident or incident has occurred during the currency of my policy which would have resulted in a claim under my policy, I accept that I will now be held fully responsible for any charges or expenses from the said motor-related accident. I understand that by cancelling my policy I am waiving any right to pursue a claim under my policy and fully accepting responsibility for all such claims from Shield Insurance Agents & Brokers Ltd., acting on behalf of its insurers C. G. United Insurance or Bahamas First General Insurance.

I understand that any credit resulting from this cancellation will automatically be applied to any outstanding balances before a refund can be issued.

I further declare that I am cancelling my policy due to (select as applicable from the following):

- Mechanical Flaw: The insured vehicle is no longer operational due to a mechanical defect that cannot be repaired;
- Sale of Vehicle: The insured vehicle has been sold to a third party; or
- Policy Transfer: The Policy is being transferred to another vehicle owned by the insured.
- Other: _____

I agree that this declaration shall be incorporated in the insurance contract between The Insurers and myself and I agree to be bound by the terms of the policy. As required by law, I am returning any previous Certificates of Insurance or Cover-notes which have been issued in respect to the policy now being terminated.

Signature: _____

Date: _____

For Office Use Only

Return Premium Calculated:	
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