



## Premium Refund to Insured Form for Policy Cancellation

I am (Mr./Mrs./ Ms.) \_\_\_\_\_

Insured/ Policy Holder No. \_\_\_\_\_

would like to receive premium refund of the policy. Please transfer the premium refund according to the copy of book bank attached.

Signature \_\_\_\_\_ (Requester)

Request Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Remark:

- For Single Trip coverage, the Insured is unable to terminate this Policy after its coverage is come into effect.
- For Annual Trip, either the Insured or the Company is entitled to terminate the Policy according to the terms and conditions in policy wording

### For Front Center / Call Center / ATLAS Helpdesk Staffs

To F&A Department

Please transfer the premium refund according to the details above.

Signature \_\_\_\_\_ (Request Staff)

Division \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Call Center Tel. 02 6491999 Fax. 02 649 1998

E-mail: [Thailand.cc@aig.com](mailto:Thailand.cc@aig.com)