

Address : _____
: _____
: _____
: _____
Date : _____
Tel No : _____

Takaful Ikhlas Sdn Bhd
Tingkat 9 Bangunan Malaysian Re
No 17 Lorong Dungun
Damansara Heights
50490 Kuala Lumpur

Dear Sirs/Madam

Insured's Name : _____
Vehicle No : _____
Certificate No : _____
Cover Note No : _____
Period of Cover : _____

NCB Recovery / Request for NCB Letter

Kindly recover my above-mentioned NCD with effect from _____ . At the same time, please let me/us have the NCD letter confirming my/our entitlement of _____% No Claim Discount.

Thank you

Yours faithfully

(I/C No: _____)