Change of Cover Declaration

Policyholder

Form to be completed by policyholder where any of the following alterations are required

Policy Number: _____

Policyholder's Name: _____

1. Reduce policy cover type from _____ to cover type _____

2. *Suspend cover ☐

   Do you wish to retain :

   - Fire & theft cover ☐
   - Accidental Damage cover ☐

   * Current certificate of motor insurance and disc must be attached (cover may only be suspended up to the next renewal date)

3. Reinstate policy cover from: (date)
   (Following suspension)

   _____

Please advise reason for this alteration :

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As evidenced by my signature below, I declare that the information given in this form is true and complete in every respect. I have not misrepresented or withheld any material fact.

Failure to disclose material facts could invalidate your insurance. If you are in any doubt as to whether or not any information is material, it should be disclosed

Signature of Policyholder ✗ _____ **Date** ✗ __ __ / __ __ / __ __ __ __

Please return to: Allianz, Direct Division, P.O. Box 48 48, Freepost, Dublin 4.
This address may be used on any envelope. It's free and ensures delivery directly to our Customer Services Staff
Telephone: 1890 48 48 48 Fax: 01-660 5214

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