AmAssurance

TAKE OVER CLAUSE FORM

Policy owner : --- Proposal No : ---------------------

Take over on the life of : --

We would appreciate if you could provide us the details as follows :

1- Is there any claims for the previous policy ☐ Yes ☐ No
   If yes , please give further details :

Date   : ---

Type claims / reason   : --

2- Type of policy   ☐ Individual   ☐ Group

I hereby confirm the above information is true.

Signature
Date: