



THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED

27 Parkington Plaza, Kingston 10

Tele: 929-1706, 929-1466, 920-7447, 906-5363-4, Fax: 968-6208

Shop #22 Montego Bay Shopping Centre, Howard Cooke Blvd, St. James

Tele: 979-6516; Fax 971-7540

INSURANCE ASSIGNMENT

To (Insurer): _____

Date: _____

Dear Sirs:

Please be advised that the Insurance Employees Co-operative Credit Union Limited, 27 Parkington Plaza, Kingston 10 is the Secured Creditor (Mortgagee) under a Security Interests in Personal Property Agreement on the Motor Vehicle described hereunder. Kindly therefore take note that any monies payable under the COMPREHENSIVE policy in respect of loss of or damage to the said motor vehicle are to be paid direct to the Insurance Employees Co-operative Credit Union Limited.

Also kindly complete the details requested hereunder, returning the duplicate of this letter attached and your usual endorsement form to the said Insurance Employees Co-operative Credit Union Limited, 27 Parkington Plaza, Kingston 10.

NAME OF INSURED:.....

POLICY OR COVERNOTE No.:.....

MAKE OF VEHICLE:.....

YEAR OF MANUFACTURE:.....

REGISTRATION NUMBER:.....

CHASSIS No.:.....ENGINE No.:.....

SUM INSURED:.....

DEDUCTABLE EXCESS: \$.....

PREMIUM PAID BY INSURED: \$.....

PERIOD OF COVER: FROM:..... TO:.....

Yours truly,

.....
Signature of Insured

Endorsement by Insurer:	
.....
Signature	Date
Company Stamp/Seal	