

FORM 1

Regulation 6(1)(a)

INSURANCE ACT
(CHAPTER 142)

INSURANCE (APPEALS)
REGULATIONS

NOTICE OF APPEAL

Date of Service of Notice on Secretary:

Name of Appellant:

NRIC No./Company Registration No.*:

Address(es):

Telephone Number(s):

This appeal is made under section ____ of the Insurance Act.

The appeal is against the Authority's decision of:
(state date and brief description of decision appealed against)

Signature of Appellant/
Advocate and Solicitor
acting for the Appellant*

*Delete whichever is inapplicable.