

FORM 2

Regulation 6(1)(b)(i)

INSURANCE ACT
(CHAPTER 142)

INSURANCE (APPEALS)
REGULATIONS

PETITION OF APPEAL

Date of Service of Petition 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, and any further circumstances out of which the appeal arises)

The issue/issues* arising in the appeal:

(state the issues)

The reason/reasons* for the appeal:

(state the substance of the decision appealed against and particulars of the grounds of appeal)

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

*Delete whichever is inapplicable.