

**FORM 1**

Regulation 10(1)

**INSURANCE ACT 1966**

**INSURANCE (APPEALS) REGULATIONS 2025**

**NOTICE OF APPEAL**

Date of Service of Notice on Appeals Secretary:

Name of Appellant:

NRIC No. / Passport No. / FIN No. / Company Registration No.\* of the Appellant:

Address(es) of the Appellant:

Email address of the Appellant\*:

Telephone Number(s) of the Appellant:

Name of each of the Appellant's authorised representative or legal representative\*:

Address of each of the Appellant's authorised representative or legal representative\*:

Address for service of documents:

Email address for service of documents (if applicable<sup>#</sup>):

This appeal is made under section \_\_\_\_ of the Insurance Act 1966.

The appeal is against the decision of the Authority of:

*(state the date of the decision of the Authority and provide a brief description of decision of the Authority appealed against, a brief description of the grounds for appealing*

*against the decision of the Authority, and identify whether the appeal is against the whole, or only part, of the decision of the Authority)*

\_\_\_\_\_  
Signature of Appellant/  
authorised representative or legal representative  
acting for the Appellant\*

\* Delete if inapplicable

# By providing an email address for service of documents, the Appellant consents to service of documents by email