

AmDrive Plus

# Our protection extends to all on board

24 hours coverage with reliable auto assistance service.



Underwritten by:  AmAssurance

A PIDM member

 AmBank

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Distributed by / *Diedarkan oleh:*  
AmBank (M) Berhad (8515-D)

Underwritten by / *Ditanggung jamin oleh:*  
AmGeneral Insurance Berhad (44191-P)  
*Members of the AmBank Group / Ahli AmBank Group*

AmGeneral Insurance Berhad - Head Office / *Ibu Pejabat:*  
Menara Shell, No. 211, Jalan Tun Sambanthan,  
50470, Kuala Lumpur

Faedah	Jumlah Yang Diinsuranskan (RM)	
	Pemegang Polisi (Pihak Diinsuranskan)	Pemandu Yang Dibenarkan/ Penumpang
Kematian akibat kemalangan (setiap orang)	30,000	15,000
Hilang upaya kekal seperti yang dinyatakan dibawah (setiap orang):	30,000	15,000
Lumpuh menyeluruh		
Terlantar kekal dikatil		
Kehilangan kedua-dua tangan dan/atau kedua-dua kaki		
Kehilangan penglihatan kedua-dua mata		
Kehilangan pendengaran kedua-dua telinga	15,000	7,500
Kehilangan satu tangan atau kaki dan penglihatan sebelah mata		
Kehilangan satu tangan atau kaki		
Kehilangan penglihatan sebelah mata atau pendengaran sebelah telinga	15,000	7,500
Perbelanjaan perubatan (setiap orang)	1,000 setiap kemalangan	1,000 setiap kemalangan
Pembedahan pembetulan gigi dan/atau pembedahan kosmetik (setiap orang)		
Yuran ambulan (setiap orang)	20 sehari	20 sehari
Pendapatan hospital (setiap orang, sehingga maksimum 60 hari setiap tahun)		
Perbelanjaan Ehsan Akibat Banjir	1,000	Tidak Berkenaan
Perbelanjaan sebenar yang ditanggung disebabkan oleh kerosakan akibat banjir kepada kenderaan yang dinamakan (maksimum setiap kejadian/setiap tempoh insurans)		
Indemniti berganda ketika Cuti Umum Seluruh Malaysia (setiap orang)	60,000	30,000
Perkhidmatan bantuan kerosakan kenderaan dan perkhidmatan tunda di Malaysia (setiap kejadian) termasuk caj tol tanpa had	Sehingga 450km pergi balik bagi kenderaan yang dinamakan dalam jadual polisi	

Kenderaan Persendirian	Premium Tahunan (RM)
Seorang pemandu dan sehingga 4 penumpang (Premium termasuk 6% Cukai Perkhidmatan dan RM10 Duti Setem)	84.20
Setiap penumpang tambahan (Premium termasuk 6% Cukai Perkhidmatan)	8.48

Kelayakan bagi Pihak Diinsuranskan/Pemegang Polisi:  
Pemilik Kereta Persendirian berumur 17 tahun dan ke atas.

**NOTIS PENTING**  
**Pembayaran premium - Tunai sebelum perlindungan**  
Anda mesti membayar premium sebelum perlindungan di bawah Polisi ini berkuatkuasa.

Brosur ini untuk maklumat am sahaja. Ia bukannya kontrak Insurans. Anda dinasihatkan supaya membaca dan memahami ringkasan produk ini seperti yang tertera di dalam Lampiran Pemberitahuan Produk yang boleh didapati di laman web kami [www.amassurance.com.my](http://www.amassurance.com.my)

## Payment Instruction / Arahan Pembayaran

By Cash/Cheque / Secara Tunai/Cek

I enclose cash/cheque no. \_\_\_\_\_ for RM \_\_\_\_\_

By Credit Card Payment / Pembayaran secara Kad Kredit :   Mastercard   VISA

**Direct Debit Authorisation / Kebenaran Debit Langsung**

I hereby request and authorise AmGeneral Insurance Berhad to debit my credit card account indicated below for the amount of RM \_\_\_\_\_ being the annual premium including the subsequent years renewal due or such other amount (in RM) as advised by AmGeneral Insurance Berhad until the policy is cancelled or expired as per terms and conditions stated in the policy.

Saya dengan ini memohon dan memberi kuasa kepada AmGeneral Insurance Berhad untuk mendebit akaun kredit saya yang butiranya tertera di bawah sebanyak RM \_\_\_\_\_ bagi pembayaran premium tahunan termasuk untuk pembaharuan premium bagi tahun-tahun berikutnya atau jumlah (RM) lain seperti yang dimaklumkan oleh AmGeneral Insurance Berhad sehingga polisi dibatalkan atau tamat tempoh mengikut tema-tema dan syarat-syarat yang dimaklumkan di dalam polisi.

Name of Cardmember / Nama Pemilik Kad \_\_\_\_\_ Cardmember's Account No. / No. Akaun Pemilik Kad \_\_\_\_\_

Name of Insured / Nama Pihak Yang Diinsuranskan \_\_\_\_\_ Credit Card Expiry Date / Tarikh Tamat Tempoh Kad Kredit \_\_\_\_\_

**Declaration / Perakuan**

I hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep AmGeneral Insurance Berhad informed in writing or by giving a fresh standing instruction. / Saya dengan ini mengesahkan bahawa maklumat yang diberikan untuk arahan perkhidmatan auto debit ini adalah benar dan tepat. Sekiranya saya ingin membuat sebarang perubahan atau pembatalan, saya akan memberitahu AmGeneral Insurance Berhad secara bertulis atau dengan memberi arahan perkhidmatan auto debit yang baru.

Name of Proposer / Nama Pencadang : \_\_\_\_\_ Date / Tarikh \_\_\_\_\_

Cover Note/ Policy No. / No. Nota Perundangan/ Polisi : \_\_\_\_\_

**VERIFICATION / PENGESAHAN**

Signature / Tandatangan : \_\_\_\_\_

Name of Agent / Staf / Nama Ejen / Pekerja \_\_\_\_\_ NRIC No. / No. KP \_\_\_\_\_

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Name of Agent / Staf / Nama Ejen / Pekerja \_\_\_\_\_ NRIC No. / No. KP \_\_\_\_\_

Signature of Cardmember / Tandatangan Pemegang Kad \_\_\_\_\_ Date / Tarikh \_\_\_\_\_

Signature must correspond with specimen signature of the Credit Cardmember at the bank / Tandatangan semestinya sama dengan tandatangan specimen Pemegang Kad Kredit di bank

**For Agent / Staff Use Only / Untuk Ejen / Kakitangan Sahaja**

**Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 / Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001**

In Compliance with Section 16(2) of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC/ Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sale. / Menurut Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengedaran (RP)/ Sijil Pendaftaran Perniagaan/Passport asal Pencadang telah disahkan kebenarannya ketika urus niaga dijalankan.

Name of Proposer / Nama Pencadang : \_\_\_\_\_

Cover Note/ Policy No. / No. Nota Perundangan/ Polisi : \_\_\_\_\_

**VERIFICATION / PENGESAHAN**

Signature / Tandatangan : \_\_\_\_\_

Name of Agent / Staf / Nama Ejen / Pekerja \_\_\_\_\_ NRIC No. / No. KP \_\_\_\_\_

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Name of Agent / Staf / Nama Ejen / Pekerja \_\_\_\_\_ NRIC No. / No. KP \_\_\_\_\_

Name of Agent / Staf / Nama Ejen / Pekerja \_\_\_\_\_ NRIC No. / No. KP \_\_\_\_\_



Signature of Witness / Tandatangan Saksi  
Name / Nama : .....  
NRIC No. / No. KP : .....  
Address / Alamat : .....  
Date / Tarikh : .....

Signature of Proposer / Tandatangan Pencadang  
Name / Nama : .....  
NRIC No. / No. KP : .....  
Address / Alamat : .....  
Date / Tarikh : .....

Motor accidents can happen anytime, anywhere to anyone. Eliminate your worries by protecting yourself through our **AmDrive Plus** Plan which offers great coverage against accidents.

### Unique Features

- Comprehensive coverage for less than RM0.25 per day
- 24 hours vehicle breakdown assistance and towing services within Malaysia including unlimited toll charges
- Children enjoy the same limit as adult on applicable benefits
- Double indemnity during a National Public Holiday in Malaysia
- Compassionate Flood Expenses
- 24 hours worldwide cover on Accidental Death, Permanent Disablement and Medical Expenses benefits for Policyholder

### Benefits of 24-Hour Vehicle Breakdown Assistance and Towing Service within Malaysia includes:

- Vehicle breakdown assistance and towing service up to 450km roundtrip is for an unlimited number of events
- Unlimited toll charges
- Changing of flat tyres
- Replacing battery (if a new battery is required, this will be at Insured/driver's expense)
- Jump starting of Named Vehicle's engine

Please call 24-Hour AmAssurance number **1300-80-3030** for vehicle breakdown assistance and towing service (supported by Kurnia Auto Assist)



Benefits	Sum Insured (RM)	
	Policyholder (Insured)	Authorised Driver/Passengers
Accidental death (per person)	30,000	15,000
Permanent disablement as specified below (per person):	30,000	15,000
Total paralysis		
Permanently bedridden		
Loss of both hands and/or both feet		
Loss of sight of both eyes		
Loss of hearing of both ears	15,000	7,500
Loss of either hand or foot and sight of one eye		
Loss of either hand or foot		
Loss of sight of one eye or hearing of one ear	1,000 per accident	1,000 per accident
Medical expenses (per person)		
Corrective dental and/or cosmetic surgery (per person)	1,000 per accident	1,000 per accident
Ambulance fees (per person)		
Hospital income (per person, up to maximum 60 days per year)	20 per day	20 per day
Compassionate flood expenses	1,000	Not Applicable
Expenses incurred due to damages caused by flood to the named vehicle (any one incident/any one period of insurance)		
Double indemnity during a National Public Holiday in Malaysia (per person)	60,000	30,000
Vehicle breakdown assistance and towing service within Malaysia (per incident) including unlimited toll charges incurred	Up to 450 km roundtrip to the named vehicle in the policy schedule	

Private vehicle	Annual Premium (RM)
A driver and up to 4 passengers (Premium inclusive of 6% Service Tax and RM10 Stamp Duty)	84.20
Each additional passenger (Premium inclusive of 6% Service Tax)	8.48

Eligibility for Insured/Policyholder: Private vehicle owners aged 17 years and above.

### IMPORTANT NOTICE

#### Payment of premium - Cash before cover

You must pay the premium before coverage under this Policy is effective.

This brochure is not a contract of insurance. The precise terms, exclusions, conditions and definitions applicable to this insurance are specified in the Policy. You are advised to read and understand the summary of this product as contained in the Product Disclosure Sheet on our website [www.amassurance.com.my](http://www.amassurance.com.my)

Kemalangan kenderaan boleh berlaku pada bila-bila masa, di mana jua dan kepada sesiapa sahaja. Dengan **Pelan AmDrive Plus** kami, anda tidak perlu bimbang lagi ketika memandu kerana ianya memberikan perlindungan kemalangan yang terbaik.

### Ciri-Ciri Unik

- Perlindungan komprehensif kurang daripada RM0.25 sehari
- Perkhidmatan bantuan kerosakan kenderaan dan perkhidmatan tunda 24 jam di seluruh Malaysia termasuk caj tol tanpa had
- Kanak-Kanak menikmati had faedah sama seperti had faedah orang dewasa untuk faedah tertentu
- Indemniti berganda ketika Cuti Umum Seluruh Malaysia
- Perbelanjaan Ehsan Akibat Banjir
- 24 jam Perlindungan bagi faedah Kematian Akibat Kemalangan, Hilang Upaya Kekal dan Perbelanjaan Perubatan untuk Pemegang Polisi

### Faedah 24 Jam Perkhidmatan Bantuan Kerosakan Kenderaan dan Perkhidmatan Tunda di seluruh Malaysia, termasuk:

- Perkhidmatan bantuan kerosakan kenderaan dan perkhidmatan tunda sehingga 450km pergi balik dan tidak dihadkan untuk bilangan kejadian
- Caj Tol tanpa had
- Menukar tayar pancit
- Mengganti Bateri (jika bateri baharu diperlukan, perbelanjaan akan ditanggung oleh Pihak Diinsuranskan/pemandu)
- "Jump Start" enjin Kereta Dinamakan

Sila hubungi 24 Jam AmAssurance **1300-80-3030**

untuk perkhidmatan bantuan kerosakan kenderaan dan perkhidmatan tunda (Dikendalikan oleh Kurnia Auto Assist)



**AmAssurance**

**AmGeneral Insurance Berhad** (44191-P)

A member of the AmBank Group

Head Office: Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia

Postal Address: PO Box 11228, GPO Kuala Lumpur, 50740 W.P. Kuala Lumpur, Malaysia

(Service Tax Registration No.: B16-1808-31015443)

**Tel** Call 1 300 80 3030 at local rates

**General line** +603 2268 3333

**Customer Contact Centre**

**Email** [customer@amassurance.com.my](mailto:customer@amassurance.com.my)

### AmDrive Plus Proposal Form / Borang Cadangan AmDrive Plus

### STATEMENT PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 129, Schedule 9, Para 5 / MENURUT AKTA PERKHIDMATAN KEWANGAN 2013; Seksyen 129, Jadual 9, Perenggan 5 :

It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any questions which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied. / Adalah menjadi kewajipan pengguna untuk mengambil penjagaan munasabah untuk tidak membuat salah nyataan kepada penanggung insurans berlesen semasa menjawab apa-apa soalan yang diperlukan yang berkaitan dengan keputusan penanggung insurans sama ada untuk menerima atau tidak risiko dan kadar dan terma yang hendak dipaki.

### Personal Details / Butiran Peribadi

Name of Proposer / Nama Pencadang : \_\_\_\_\_

Name of Nominated Driver (For Company owned vehicle) / Nama Pemandu yang Dinamakan (Untuk kereta milik Syarikat) : \_\_\_\_\_

Nature of Business / Jenis Perniagaan : \_\_\_\_\_

Postal Address / Alamat Surat-Menyurat : \_\_\_\_\_

Occupation / Pekerjaan : \_\_\_\_\_

Business Registration No. / No. Pendaftaran Syarikat : \_\_\_\_\_

Tel : (Home / Rumah) \_\_\_\_\_ (Handphone / Telefon Bimbit) \_\_\_\_\_ (Office / Pejabat) \_\_\_\_\_ Age / Umur : \_\_\_\_\_

E-mail / E-mel : \_\_\_\_\_ Date of Birth / Tarikh Lahir : \_\_\_\_\_ Sex / Jantina :  Male / Lelaki  Female / Perempuan

Nationality / Kewarganegaraan : \_\_\_\_\_ NRIC No. / Passport No. / No. KP / No. Pasport : \_\_\_\_\_

### Vehicle Details / Maklumat Kenderaan

Vehicle Registration No. / No. Pendaftaran Kenderaan	Seating Capacity including Driver / Muatan Tempat Duduk termasuk Pemandu	Type of Vehicle & Model / Jenis Kenderaan & Model
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### General Questionnaires / Soalan Umum

1. Have you ever sustained any injuries by accident during the last 2 years? / Pernahkah anda mengalami apa-apa kecederaan akibat kemalangan dalam tempoh 2 tahun yang lepas?  
 Yes / Ya  No / Tidak If Yes, please give further details / Jika Ya, sila beri penjelasan lanjut : \_\_\_\_\_

Date of Accident / Tarikh Kemalangan : \_\_\_\_\_ Type of Claim / Jenis Tuntutan : \_\_\_\_\_

Amount of Claim / Jumlah Tuntutan : \_\_\_\_\_

2. Has your insurance proposal(s) ever been declined, cancelled, refused renewal or subject to any special terms by another insurance company (ies)? / Pernahkah cadangan insurans anda ditolak, dibatalkan, tidak diperbaharui atau dikenakan sebarang syarat khas oleh syarikat insurans lain?  
 Yes / Ya  No / Tidak If Yes, please provide reason / Jika Ya, sila berikan sebab : \_\_\_\_\_

Yes / Ya  No / Tidak

### Declaration / Perakuan

I/We hereby confirm that I/we have taken reasonable care to answer all the questions herein honestly and to the best of my/our knowledge, belief and recollection and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have affected the premium payable or the acceptance of the risk by the Company. / Saya/Kami mengesahkan bahawa saya/kami telah memberi sepenuh perhatian untuk menjawab kesemua soalan yang terkandung secara jujur disepanjang pengetahuan, keperayaan dan ingatan saya/kami, dan saya/kami akan bertanggungjawab untuk memberitahu pihak Syarikat berkenaan sebarang perubahan, pindaan atau penambahan pada soalan diatas sehingga Polisi dikeluarkan dan berkuatkuasa. Saya/Kami faham bahawa Syarikat boleh membatalkan Polisi ini dan menolak sebarang tuntutan (sama ada keseluruhan atau sebahagian) sekiranya berlaku salah nyata, penerangan yang salah, kesilapan, teringgal atau tidak mendedahkan fakta (sama ada terdapat pertanyaan/persoalan ataupun tidak dikemukakan mengenai yang sama) dengan niat atau tanpa niat untuk menipu Syarikat oleh saya/kami yang akan menjejaskan premium yang perlu dibayar atau terhadap penerimaan risiko oleh pihak Syarikat.

I/We agree that the Company shall have the right to use my/our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners. / Saya/Kami bersetuju bahawa pihak Syarikat berhak untuk menggunakan data dan maklumat peribadi saya/kami bagi tujuan pemprosesan operasi insurans yang mungkin termasuk pemindahan data dan maklumat peribadi kepada Syarikat sekutu dengan pihak Syarikat, anak-anak syarikat dan/atau syarikat induknya, rakan kongsi pembekalan luar, Penanggung Insurans Semula dan peguam cara tetapi tidak terhad kepada syarikat-syarikat sekutu termasuk rakan kongsi pembekalan luar mereka.

I/We further agree that the Company, its partners and its related companies, subsidiaries and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and its related companies' subsidiaries' and/or its holding company's products, new services and support requirements, and marketing campaigns and activities and commercial transactions. / Saya/Kami seterusnya bersetuju bahawa pihak Syarikat, rakan niaganya dan syarikat-syarikat sekutu, anak-anak syarikat dan/atau syarikat induk berhak untuk berkongsi dan menggunakan data dan maklumat peribadi untuk tujuan mempromosikan produk, perkhidmatan baru dan keperluan sokongan, dan kempen dan aktiviti pemasaran dan transaksi komersial yang dikendalikan oleh pihak Syarikat dan syarikat sekutu, anak-anak syarikat dan/atau syarikat induk.

Signature of Proposer / Tandatangan Pencadang \_\_\_\_\_

Date / Tarikh \_\_\_\_\_

**For Office Use / Untuk Kegunaan Pejabat** : Agent Code / Kod Ejen : \_\_\_\_\_

Cover Note No. / No. Nota Perlindungan : \_\_\_\_\_

Period of Insurance / Tempoh Insurans : From / Dari \_\_\_\_\_

to / sehingga \_\_\_\_\_

Policy No. / No. Polisi : \_\_\_\_\_