



AmAssurance

AmGeneral Insurance Berhad (44191-P)

A member of the AmBank Group

MOTOR INSURANCE PROPOSAL FORM / BORANG CADANGAN INSURANS MOTOR

Date/time issued (dd/mm/yyyy) / Tarikh/masa dikeluarkan (hh/bb/tttt)

IMPORTANT NOTICE / NOTIS PENTING

1. STATEMENT PURSUANT TO FINANCIAL SERVICES ACT 2013, SECTION 129, SCHEDULE 9, PARA 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question 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. **2. YOUR ATTENTION IS DRAWN TO SECTION 84 OF THE FINANCIAL SERVICES ACT 2013:** It has been prescribed by law that insurance cover shall only be issued by insurers or their agents on a 'cash before cover' basis, therefore premiums must be paid before the Company issues you with a motor insurance cover note or policy. Payment must be made by cash or credit card. Please insist on a receipt for the premium paid as proof of payment for future reference. **3. Passenger Liability Cover** - If you intend to drive your vehicle into the Republic of Singapore, you are required by Singapore's law to have cover for 'Legal liability to passengers (LLP)' and you can purchase this cover under 'optional cover' which provides a limited cover for your liability for death and bodily injury of passenger(s). **4. Product Disclosure Sheet (PDS)** can be obtained through our website. You are advised to read the PDS before you take out insurance policy. **5. Privacy Notice:** A full version of the Privacy Notice of AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference.

1. MENURUT AKTA PERKHIDMATAN KEWANGAN 2013, SEKSYEN 129, JADUAL 9, PERENGGAN 5: Adalah menjadi kewajipan pengguna untuk mengambil penjagaan munasabah untuk tidak membuat salah nyataan kepada penanggung insurans berlesen semasa menjawab apa-apa soalan yang dipertukan yang berkaitan dengan keputusan penanggung insurans sama ada untuk menerima atau tidak risiko dan kadar dan terma yang hendak dipakai. **2. PERHATIAN ANDA ADALAH DIARAH KEPADA SEKSYEN 84 AKTA PERKHIDMATAN KEWANGAN 2013:** Sebagaimana ditentukan oleh undang-undang perlindungan insurans akan hanya dikeluarkan oleh syarikat insurans atau ejen berdasarkan pada bayaran tunai sebelum perlindungan insurans diberi, oleh yang demikian, premium mestilah dibayar sebelum pihak Syarikat mengeluarkan nota perlindungan atau polisi insurans motor. Bayaran hendaklah dibuat secara tunai atau kad kredit. Sila dapatkan resit sebagai bukti pembayaran telah dibuat untuk rujukan dimasa hadapan. **3. Perlindungan Liabiliti Penumpang** - Jika anda bercadang untuk memandu kenderaan anda ke Republik Singapura, anda dikehendaki di bawah undang-undang Singapura untuk mempunyai 'Perlindungan liabiliti penumpang (PLP)' dan anda boleh membeli perlindungan ini di bawah 'perlindungan opsyenal' yang menyediakan perlindungan terhad bagi liabiliti anda terhadap kematian dan kecederaan tubuh badan penumpang. **4. Lampiran Pemberitahuan Produk (PDS)** boleh didapati di laman web kami. Anda adalah dinasihati untuk membaca PDS sebelum anda memutuskan untuk mengambil polisi insurans. **5. Notis Privasi:** Versi lengkap Notis Privasi AmGeneral Insurance Berhad boleh didapati di laman web kami di www.amgeneralinsurance.com untuk rujukan lanjut.

DETAILS OF PROPOSER / BUTIR-BUTIR PENCADANG

Name of proposer / Nama pencadang

Correspondence address / Alamat surat-menyurat

Nationality / Warganegara

NRIC No./Passport No./Business registration No. / No. Kad pengenalan baru/No. Pasport/No. pendaftaran syarikat

Date of birth / Tarikh lahir

Occupation/Trade / Pekerjaan/Perdagangan

Nature of business / Jenis perniagaan

Tel. no (hse) / No. tel (rumah)

Tel. no (off) / No. tel (pejabat)

Handphone no. / No. tel bimbit

Email / E-mel

Marital status / Status perkahwinan

Gender/Corporate / Jantina/Korporat

Good and Service Tax (GST) registered / Pendaftaran Cukai Barangan dan Perkhidmatan (CBP)

Yes / Ya

No / Tidak

GST registration no. / No. pendaftaran CBP

GST registration date / Tarikh pendaftaran CBP

De-Registration date / Tarikh pembatalan



Head Office

Menara Shell, No. 211,
Jalan Tun Sambanthan,
50470, Kuala Lumpur.



Postal Address

Peti Surat 11228,
GPO Kuala Lumpur,
50740 W.P. Kuala Lumpur.



Customer Contact Centre

1 800 88 6333



Website

www.kurnia.com



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DETAILS OF VEHICLE / BUTIR-BUTIR KENDERAAN

Make and type of vehicle / *Buatan dan jenis kenderaan*

Use of vehicle / *Penggunaan kenderaan*

Additional usage / *Penggunaan tambahan*

Reg. no. / Trailer no. / *No. pendaftaran/No. treler*

Year of manufacturing / *Tahun pengilangan*

Vehicle for business use / *Kenderaan untuk penggunaan perniagaan*

Yes / Ya

No / Tidak

Engine no. / *No. enjin*

Chassis no. / *No. chassis*

Seating capacity / *Muatan tempat duduk*

CC / KG / Horse power / *CC/KG/Kuasa kuda*

Vehicle sum insured / *Jumlah kenderaan diinsuranskan (RM)*

Basis of coverage / *Jenis perlindungan*

Agreed Value / *Nilai Dipersetujui*

Market Value / *Nilai Pasaran*

Trailer sum insured / *Jumlah treler diinsuranskan (RM)*

Vehicle purchase date / *Tarikh pembelian kenderaan*

Vehicle purchase price / *Harga pembelian kenderaan (RM)*

Optional cover / *Perlindungan opsyenal*

Named driver / rider / *Pemandu yang dinamakan/penunggang*

Hire purchase owner / *Pemilik sewa beli*

Is your vehicle normally kept at your corresponding / mailing address? / *Adakah kenderaan anda biasanya disimpan di alamat kediaman / surat-menyurat anda?*

Yes / Ya

No, Please specify vehicle kept address / *Tidak, sila nyatakan alamat penyimpanan kenderaan anda*

Garaged / *Garaj*

Safety code / *Kod keselamatan*

No. of claims (for the past 3 years) /

No. tuntutan (untuk 3 tahun lepas)

Daily driving hours /

Jam memandu harian

DETAILS OF NO CLAIM DISCOUNT (NCD) / BUTIR-BUTIR DISKAUN TANPA TUNTUTAN (NCD)

Name of previous insurer / *Nama syarikat insurans terdahulu*

Reg. no. / *No. pendaftaran*

Policy no. / *No. polisi*

NCD % / RM

as at / *pada*

PREMIUM AND COVERAGE / PREMIUM DAN PERLINDUNGAN

Type of Cover / *Jenis Perlindungan:*

Period of Insurance / *Tempoh Insurance / From / Dari*

Total Premium Due (inclusive of GST and Stamp Duty) /

Jumlah Premium Dibayarkan (termasuk CBP dan Duti Setem) (RM)



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DECLARATION OF PROPOSER / PENGAKUAN PENCADANG

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 di sepanjang pengetahuan dan ingatan dan saya/kami akan bertanggungjawab untuk memberitahu pihak Syarikat terhadap sebarang perubahan, pindaan atau penambahan pada soalan di atas 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, tertinggal 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, Re-insurers 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 yang sekutu dengan pihak Syarikat, anak-anak syarikat dan/atau syarikat induknya dan semua rakan kongsi pembekalan luar, Penanggung Insurans Semula dan peguam cara tetapi tidak terhad kepada syarikat-syarikat sekutu termasuk semua rakan kongsi pembekalan luar.*

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 product, new services and support requirement; 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 saya/kami bertujuan untuk mempromosikan produk, perkhidmatan baru dan keperluan sokongan; dan aktiviti urus niaga komersil yang dikendalikan oleh pihak Syarikat dan semua syarikat sekutu anak-anak syarikat dan/atau syarikat induk.*

Yes / Ya No / Tidak

Date / Tarikh _____ Signature of proposer / Company's chop / Tandatangan pencadang / Chop syarikat _____

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

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

In Compliance with Section 16(2) of the 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 Pengenalan (KP) / Sijil Pendaftaran / Pasport asal Pencadang telah disahkan ketulenannya ketika urus niaga dijalankan.*

Name of proposer / Nama pencadang _____

Cover note no. / Policy no. / No. sijil insurans / No. polisi _____

VERIFICATION / PENGESAHAN

Name of agent / staff / Nama ejen / kakitangan _____

NRIC no. / No. KP _____

Date / Tarikh _____

Signature / Tandatangan _____



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Reference No. / No. Rujukan

Name / Nama

Vehicle No. /
No. kenderaan

Motor policy period of cover /
Tempoh perlindungan polisi motor

No. of seats (motor) /
No. tempat duduk (motor)

Total premium (motor) /
Jumlah Premium (motor) (RM)

Motor policy no. /
No. polisi motor

Auto Shield policy period of cover /
Tempoh perlindungan polisi Auto Shield

No. of seats (Auto Shield) /
No. tempat duduk (Auto Shield)

Total premium (Auto Shield) /
Jumlah premium (Auto Shield) (RM)

Auto Shield Policy no. /
No. polisi Auto Shield

Perfect Rider Plus period of cover /
Tempoh perlindungan Perfect Rider Plus

Perfect Rider Plus Plan /
Pelan Perfect Rider Plus

Total premium (Perfect Rider Plus) /
Jumlah premium (Perfect Rider Plus) (RM)

Perfect Rider Plus Policy No. /
No. polisi Perfect Rider Plus

Total premium /
Jumlah premium (RM)

Bank approval code / Kod kelulusan bank