



ORIGINAL COPY

THE SCHEDULE  
JADUAL

RTD CODE : 13  
STAMP DUTY PAID  
DUTI SETEM DIBAYAR

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| M.Y.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | MOTORCYCLE PLUS ALL RIDER - INDIVIDUAL                                                                                                                                                                                                                                                            |  |
| <b>INSURED</b><br>PEMUNYA<br><b>ADDRESS</b><br>ALAMAT<br>JENNY A/P JOHN PILLAY<br>12-01, BLOK B, SERI MUTIARA APARTMENT, MASAI<br>81750 MASAI<br>JOHOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Date of Issue/Time</b><br>Tarikh Dikeluarkan/Waktu<br>30-12-2023<br>8.13.53 PM<br><b>E-Cover Note No.</b><br>No. Nota Perlindungan<br>AETP0856608<br><b>Account No.</b><br>No. Akaun<br>TP96604<br><b>Premium</b><br>250.28                                                                    |  |
| <b>PERIOD OF INSURANCE</b><br>TEMPOH INSURANS<br>(a) From 10-01-2024 (both dates inclusive)<br>Dari (termasuk kedua-dua tarikh)<br>To 09-01-2025<br>Hingga<br>(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.<br>Sebarang tempoh selanjutnya di mana Anda hendaklah membayar, dan Kami hendaklah bersetuju menerima premium pembaharuan.                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>NCD</b> 15.00 % 37.54<br>408216301223K125<br><b>Extra Coverage</b><br>Perlindungan Tambahan<br>S/PERILS<br>DEATH/PD-INSURED<br>DEATH/PD-PILLION RIDER<br>DEATH/PD-AUTH RIDER<br>HOSPITAL INCOME-INSURED<br>HOSPITAL INCOME-AUTH RIDER<br>HOSPITAL INCOME-PILLION RIDER<br>FLOOD RELIEF BENEFIT |  |
| <b>OCCUPATION/TYPE OF BUSINESS</b><br>PERNIAGAAN/PEKERJAAN<br><b>HIRE PURCHASE OWNERS/EMPLOYER'S LOAN</b><br>SEWA BELI/PINJAMAN MAJIKAN<br><b>PARTICULARS OF VEHICLE</b><br>BUTIR-BUTIR KENDERAAN<br>Risk Excess / LEBIHAN 100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>GROSS PREM</b> 212.74<br><b>SERVICE TAX</b> 12.76<br><b>STAMP DUTY</b> 10.00<br><b>TOTAL DUE</b> 235.50                                                                                                                                                                                        |  |
| <b>Make and Type of Body /</b> <i>Buatan dan Jenis Badan</i><br>YAMAHA LAGENDA 115Z<br><b>Registration No./Trailer No. /</b> <i>No. Pendaftaran/No. Treler</i><br>JUY5236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>AMOUNT PAYABLE (ROUNDED)</b> 235.50                                                                                                                                                                                                                                                            |  |
| <b>Engine/Motor No.</b><br><i>No. Enjin/Motor</i><br>E3S7EE157806                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Engine C.C/Horse Power/Tonnage/Watt</b><br><i>Cc Enjin/Kuasa Kuda/Tan/Watt</i><br>110.00 CC                                                                                                                                                                                                    |  |
| <b>Chassis No.</b><br><i>No. Casis</i><br>PMYUE1510N0160368                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Seating Capacity</b><br><i>Muatan Tempat Duduk</i><br>2<br><b>Year of Manufacture</b><br><i>Tahun Dibuat</i><br>2022                                                                                                                                                                           |  |
| <b>NRIC No./Bus. Regn. No</b><br><i>No. Kad Pengenalan/No. Pendaftaran Perniagaan</i><br>720506105092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>HP/Phone No. &amp; e-mail</b><br><i>No. Telefon Bimbit/Telefon &amp; e-mel</i><br>00-0392131717<br>cstmr@bjak.my                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Act. Akta</b> 140.65<br><b>Sum Insured</b> 5,500.00<br><i>Jumlah Diinsuranskan</i>                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Regn. Card No.</b> NA<br><i>No. Kad Pendaftaran</i><br><b>Type of Cover</b> COMPREHENSIVE<br><i>Jenis Perlindungan</i>                                                                                                                                                                         |  |
| <b>This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto:-</b><br><i>Polisi ini adalah tertakluk kepada pengendorsan yang telah dicetak atau ditambah atau dimasukkan kedalamnya.</i><br>ENDT.57 - INCLUSION OF SPECIAL PERILS<br>ENDT.MCA205 - FLOOD RELIEF BENEFIT (UP TO RM1000)<br>ENDT.MCPA1 - DEATH/PERMANENT DISABLEMENT - INSURED (SUM INSURED RM10,000)<br>ENDT.MCPA1-2 - DEATH/PERMANENT DISABLEMENT - PILLION RIDER (SUM INSURED RM10,000)<br>ENDT.MCPA1-3 - DEATH/PERMANENT DISABLEMENT - AUTHORISED RIDER (SUM INSURED RM10,000)<br>ENDT.MCPA2 - HOSPITAL INCOME - INSURED (RM100 per day)<br>ENDT.MCPA2-1 - HOSPITAL INCOME - AUTHORISED RIDER (RM100 per day)<br>ENDT.MCPA2-2 - HOSPITAL INCOME - PILLION RIDER (RM100 per day) |  |                                                                                                                                                                                                                                                                                                   |  |
| <b>NAMED DRIVERS</b><br>1. ALL RIDER/DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                   |  |
| <b>Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam.</b><br><i>Kawasan Geografi : Malaysia, Republik of Singapura dan Negara Brunei Darussalam</i><br><b>Limitations as to Use/ Authorised Driver : As described in the Certificate of Insurance.</b><br><i>Had Penggunaan / Pemandu Yang Diberi kuasa : Seperti yang tercatat dalam Sijil Insurans</i>                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Issued By / Dikeluarkan oleh</b><br>HARAPAN BJ SDN BHD / TP96604-38<br>D-17-05, MENARA MITRALAND, NO 13A, JALAN PJU5/1,<br>PJU 5 KOTA DAMANSARA<br>47810, PETALING JAYA<br>TEL: -<br>HP: 6016-6999129<br>FAX:                                                                                  |  |
| <b>Please ensure All accidents are reported to the Police within 24 hours</b><br><i>Pastikan semua kemalangan hendaklah dilaporkan kepada pihak Polis dalam masa 24 jam.</i><br><b>Issued in lieu of and Cancelling/Replacing Cover Note/Policy No. -</b><br><i>Dikeluarkan Sebagai Pembatalan/Penggantian/No. Nota Perlindungan/ No. Polisi -</i><br><b>Date of Signature of Proposal &amp; Declaration</b> 30-12-2023<br><i>Tarikh Tandatanganan Cadangan dan Akaun</i>                                                                                                                                                                                                                                                                                                                                    |  | <b>Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)</b><br><br><br>Authorised Signature                                                                                                                                                                                |  |
| <b>Important Notice : Policy print out can be obtained from our branch offices located nationwide or from your servicing agents.</b><br><i>Kenyataan Penting : Cetakan polisi boleh diperolehi daripada pejabat cawangan kami di seluruh negara ataupun daripada ejen Allianz Anda.</i><br>ALPHA-2396604-002969202-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                   |  |

**Lodging of Complaints**

We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.

To provide us with your feedback, you may contact us via the following channels:

|                          |                    |                                   |
|--------------------------|--------------------|-----------------------------------|
| Write to:                | Phone              | : 1-300-22-5542                   |
| Customer Feedback Center | Facebook Messenger | : @AllianzMalaysia                |
| Allianz Arena            | Email              | : customer.service@allianz.com.my |
| Ground Floor Block 2A    | Website/Live Chat  | : www.allianz.com.my              |
| Plaza Sentral            |                    |                                   |
| Jalan Stesen Sentral 5   |                    |                                   |
| Kuala Lumpur Sentral     |                    |                                   |
| 50470 Kuala Lumpur       |                    |                                   |

**Avenues to Seek Redress**

You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

- (1) Insurance claims not exceeding RM250,000.00; and
- (2) Motor third party property damage claims not exceeding RM10,000.00.

The OFS can be contacted at the following address:

|                                              |         |                      |
|----------------------------------------------|---------|----------------------|
| Ombudsman for Financial Services             | Phone   | : 03-2272 2811       |
| Level 14, Main Block, Menara Takafu Malaysia | Fax     | : 03-2272 1577       |
| No 4, Jalan Sultan Sulaiman                  | Email   | : enquiry@ofs.org.my |
| 50000 Kuala Lumpur                           | Website | : www.ofs.org.my     |

If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

|                          |         |                        |
|--------------------------|---------|------------------------|
| Write to (BNMTELELINK) : | Phone   | : 1-300-88-5465        |
| Pengarah                 | Fax     | : 03-2174 1515         |
| LINK & Pejabat BNM       | Email   | : bnmtelink@bnm.gov.my |
| Bank Negara Malaysia     | Website | : www.bnm.gov.my       |
| P.O. Box 10922           |         |                        |
| 50929 Kuala Lumpur       |         |                        |
| Walk-in (BNMLINK):       |         |                        |
| Ground Floor, Block D    |         |                        |
| Bank Negara Malaysia     |         |                        |
| Jalan Dato' Onn          |         |                        |
| 50480 Kuala Lumpur       |         |                        |

You may check with our Customer Feedback Center on the types of complaints handled by the OFS or BNM before submitting your complaint.



RTD CODE : 13

CERTIFICATE OF INSURANCE  
SIJIL INSURANS

ORIGINAL COPY  
SALINAN ASAL

M.Y.3

ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS & COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD PARTY RISKS) ACT (CAP 90) NEGARA BRUNEI DARUSSALAM

CERTIFICATE NO. AETP0856608 NCD 15.00%  
No.Sijil Diskaun Tanpa Tuntutan

1. Index Mark and Registration Number of Vehicle : JUY5236 110.00 CC YAMAHA LAGENDA 115Z  
Tanda Indeks Dan Nombor Pendaftaran Kenderaan
2. Name of Policyholder : JENNY A/P JOHN PILLAY  
Nama Pemegang Polisi
3. Effective date of the Commencement of Insurance for the purposes for the Regulations, Ordinance or Enactment : 10-01-2024  
Tarikh efektif permulaan insuran untuk kegunaan Ordinan
4. Date of Expiry of the Insurance : 09-01-2025  
Tarikh Luput Insuran
5. Persons or Classes of Persons entitled to drive  
Orang atau Kelas Pihak Yang Dibenarkan Memandu  
a) THE POLICYHOLDER b) ANY OTHER PERSON WHO IS RIDING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OF REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use\* Had Penggunaan  
Use only for social, domestic and pleasure purposes and by the Policyholder in person in connection with his business.  
The Policy does not cover :  
(i) Use for hire or reward  
(ii) Use for racing pace-making reliability trial or speed-testing  
(iii) Use for the carriage of goods (other than samples) in connection with any trade or business

This Certificate is not transferable to a new owner of the Vehicle.  
If for any reason the Insurance is terminated during its currency this Certificate must be returned to the Company or if this Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.  
This Certificate must be returned if the insurance is suspended during its currency.

IMPORTANT  
If you are involved in an accident causing injury to any person or damage to any property or other vehicle you must :  
(a) Try to obtain names and address of any witness to the accident.  
(b) Report to the Company immediately.  
(c) Refer to the Company immediately all communications received from the Police Authorities.  
(d) Sent to the Company immediately all letters from Third Parties unanswered.  
(e) Not pay money to any Party involved in the accident without the Company's written permission.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act, 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam are not included under this heading.  
Had yang tidak beroperasi oleh Seksyen 95 Akta Pengangkutan Jalan 1987 (Malaysia) atau Seksyen 8 Akta Kenderaan Bermotor (Gantirugi dan Risiko Pihak Ketiga) (Cap 189) Republik Singapura atau Seksyen 7 Akta Singapura atau Seksyen 7 Akta Insurans Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam adalah tidak termasuk di bawah tajuk ini.

I/We certify that the Policy to which the Certificate is issued in accordance with the provisions of Part IV of the Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicles Insurance(Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.  
Saya/kami bersetuju bahawa Polisi di mana Sijil ini dikeluarkan tertakluk di bawah proviso Bahagian IV Akta Pengangkutan Jalan 1987. (Malaysia) Akta Kenderaan Bermotor (Risiko Pihak Ketiga & Gantirugi) (Cap 189) Republik Singapura dan Akta Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam.

Agent Code : TP96604 ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD 200601015674 (735426-V)  
Kod Ejen

Authorised Signature

ALPHA-2396604-002969202-4