

REF:

ASSIGNMENT

Front: _____ Date: _____

Estimate: _____

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at Work m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: Vehicle had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SB8867D Yr Regn: 2016 Dec.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E200 C.D. 1991Colour: Red A/C: Insured / Std / NI / NASp. Reading: 239372 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2130422A032566Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil S/Rim / STD A/Rim orTyre Size: F: 275/35R19R: 275/35R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Hublead

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 05/08/24Survey held at One GarageDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Budget Direct</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV: RM 141K</u>
	<u>PV: RM 40K</u>
	<u>Nett: RM 101K ± 29K</u>

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

2)

☐

Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Insp (\$ _____)

Survey Fee:

Transportation:

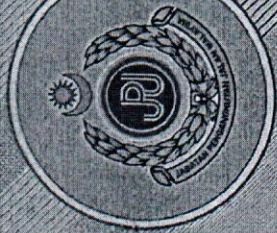
S + R.S. \$ _____

Photos

Others

Report Forwarded:

Reported by: _____



SIJIL PEMILIKAN KENDERAAN

JABATAN PENGANGKUTAN JALAN

TB06UE36

No. Pendaftaran	:	SB8867D
No. ID	:	880709015081
Nama Pemunya Berdaftar	:	YAP SERN SHEN
Alamat	:	NO 41 JALAN NOBAT TAMAN BAHAGIA 83700 YONG PENG JOHOR
No. Chasis/No. Enjin	:	WDD2130422A032566 / 27492030701925
Buatan>Nama Model	:	MERCEDES BENZ / E200 SEDAN
Keupayaan Enjin	:	1991
Bahan Bakar	:	PETROL
Status Asal	:	KENDERAAN IMPORT BARU
Kelas Kegunaan	:	PERSendirian-MOTOKAR INDIVIDU
Jenis Badan/Tahun Dibuat	:	MOTOKAR / 2016
Tarikh Pendaftaran	:	28/12/2016
B. D. M/B. G. K/BTM	:	-
Syarat Pendaftaran 1	:	-
Syarat Pendaftaran 2	:	-
Syarat Pendaftaran 3	:	-

COVER NOTE

STAMP DUTY PAID

etiqa
 General Insurance

Policyholder	Cover Note No.
YAP SERN SHEN	V6502082-03
NO 41 JALAN NOBAT	Account No.
TAMAN BAHAGIA	V0023515
YONG PENG	Agent Name
YONG PENG	LEONG WEI TING
83700 JOHOR	Product Type
	Private Car - Private Use
	Period of Insurance from 05/03/2024 To 04/03/2025 (both Dates Inclusive). Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

NRIC No	: 880709-01-5081	Business Reg No	:	Sum Insured	RM	141000.00
Business/Occupation	: Self Employed	Other ID No	:	Gross Premium	RM	4008.41
Vehicle Information				Less: No Claim Discount	RM	2204.63
JPJ Document No	:			55.00%		
Vehicle Reg No	: SB8867D	Log Book No	: NIL	Drive Less Save More	RM	0.00
Make	: MERCEDES-BENZ			Legal Liability of Passengers	RM	7.50
Model	: MERCEDES-BENZ E 200 AVANTGARDE (CKD)			for Negligent Acts		
Engine No	: 27492030701925	Cover Type	: Comprehensive	Legal Liability to Passengers	RM	37.80
Chassis No	: WDD2130422A032566	Vehicle Type	: Private Car	Windscreen (RM8,000.00)	RM	1200.00
Year of Manufacture	: 2016	License Type	: Normal Vehicle			
Cubic Capacity	: 1991	Use For	: Private Use		RM	3049.08
Seating Capacity	: 5			Add: Service Tax 6.00 %	RM	182.94
Financial Interest	: NIL			Stamp Duty	RM	10.00
Authorised Driver				TOTAL AMOUNT DUE	RM	3242.02
1 YAP SERN SHEN	880709-01-5081			Excess All Claims	RM	0.00
2 ANY AUTHORISED DRIVER						

IMPORTANT NOTICE - APPLICABLE TO ALL CONSUMER PRODUCTS

(Insurance wholly for purposes unrelated to your trade, business or profession)

Where You have applied for this Insurance wholly for purposes unrelated to Your trade, business or profession, You had a duty to take reasonable care not to make a misrepresentation in answering the questions in the Application Form (or when You applied for this Insurance) i.e. You should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of Your contract of Insurance, refusal or reduction of Your claim(s), change of terms or termination of Your contract of Insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. You were also required to disclose any other matter that You knew to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell Us immediately if at any time after Your contract of Insurance has been entered into, varied or renewed with Us any of the information given in the Application Form (or when You applied for this Insurance) is inaccurate or has changed.

Issue Date : 22-02-2024/04:49 PM

Issue At : J1

Issue By : v0023515

 For and on behalf of
 Etiqa General Insurance Berhad

 Visit www.etiqa.com.my or our nearest branch to obtain the full policy wordings.
 Help preserve the country's natural resources.

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AHLI KUMPULAN Maybank