CS3

(08/11/13)

ASS. REC. BY: Malus

REF: ~~CS~~/III 20012886/Ulgf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: WQV3222

at Workshop m/s PP.

of _____

Insured: _____

Policy No. _____

Claims No. MCT/1609066/01

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: Sum insured RM@60k.

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

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

Est. Repairs: 5 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: WQV3222 Yr Regn: 12/07

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or A

Make: Toyota camry C.C 1998

Colour: Grey A/C: **Insured / Std / NI / NA**

Sp.Reading: 379655 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: MR053BK490 7020630

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi: **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: _____

R: 225/50ZR18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A	24/9/16	D.O.I.	26/9/16

Survey held at _____

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or Rear

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

Date / Time	Action / Instruction
1 5/12/16	Confirmed L/S @ 6000 with Alan. (Ref @ 11652.55, 66/.)
25/11/20	have checked with Bryan, this case submit as DAR as we have surveyed on 26/9/2016. LS Submit DAR - RM6000 / 5 days. Note: Sum Insured RM 60,000.

Role	Paid date
Surveyor	
Case Handler	
Admin	
Typist	

Date/Time, File **Pass** to?

1) 30/11 typist

Date/Time, File **Return** to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

7X15 = 105

Survey Fee	105
Transportation	50
S + RS	
SI	
Photos	75
Others	
TOTAL	400

Add Fee:

☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : MER-DAR

Lump Sum / I.B.I: ($ _____)

PACIFIC
INSURANCE
A member of the Fairfax Group

JPJ CODE No.51
Motor Cover Note No : H0256763
Accounts Code : V0016184

THE PACIFIC INSURANCE BERHAD

(Company. No. 91603-K)
40-01, Q-Sentral, 2A Jalan Stesen Sentral 2,
Kuala Lumpur Sentral, 50470 Kuala Lumpur
Tel : 03 - 2633 8999 Fax : 03 - 2663 8998
Website: www.pacificinsurance.com.my

Akta Pengangkutan Jalan 1987 (Malaysia) dan Akta Kenderaan Bermotor (Risiko Pihak Ketiga dan Pampasan) (Republik Singapura) dan Akta Insurans Kenderaan Bermotor (Risiko Pihak Ketiga) (Bab 90) Negara Brunei Darussalam. *Road Transport Act 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia),Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore,Motor Vehicles (Third Party Risks and Compensation) Rules 1960(Republic of Singapore),Motor Vehicle Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.*

NOTA PERLINDUNGAN MOTOR / *MOTOR COVER NOTE*

CASH BEFORE COVER REGULATION - Section 141 of the Insurance Act 1996:
Tiada perlindungan akan diberikan sehingga premium dibayar mengikut peraturan-peraturan yang dikeluarkan di bawah Seksyen ini. Sesiapa yang gagal mematuhi peraturan ini dan jika didapati bersalah akan dikenakan denda tidak melebihi RM500,000/-. Bayaran boleh dibuat melalui tunai, cek, wang kiriman pos atau wang pos, draft bank atau 'cashier order' kepada **THE PACIFIC INSURANCE BERHAD** dan dipalangkan "Akaun Pembayar Sahaja".
No cover can be granted until the premium has been paid in accordance with the Regulations issued under the Section. Any person who fails to comply with this Section shall be guilty of an offence and shall on conviction be liable to a fine not exceeding RM 500,000/-. Where payment of the premium is made by cheque, money order, postal order, bank draft or cashier's order, the payment must be made in favour of THE PACIFIC INSURANCE BERHAD *and crossed "Account Payee Only".*

Bahawasanya Pencadang yang namanya tercatat dalam Jadual di bawah telah memohon untuk insurans dan membayar premium RM **1269.48** untuk kenderaan Bermotor yang dinyatakan dalam Jadual di bawah bagi perlindungan **COMPREHENSIVE**, maka risiko ini DILINDUNGI di bawah terma-terma Syarikat yang biasa untuk Perlindungan Polisi yang dapat diterima pakai berkuatkuasa dari **12:01 AM 24/06/2016** hingga tgh. malam pada **23/06/2017** kecuali perlindungan ini ditamatkan oleh Syarikat secara bertulis di mana kes ini insurans dihentikan dan Syarikat akan memulangkan secara berkadar premium yang telah diterima untuk insurans tersebut selepas mengambil kira tempoh Syarikat telah menanggung risiko.
Whereas the Proposer named in the Schedule below having proposed for insurance and paid the sum of RM **1269.48** *in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of* **COMPREHENSIVE** *Policy applicable there to for the period from* **12:01 AM** *on* **24/06/2016** *to midnight on* **23/06/2017** *unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and the Company will return a proportionate part of the premium already collected for such insurance after due allowance for the period the Company has been on risk.*

JADUAL / *SCHEDULE*

Pihak Diinsuranskan *Name of Proposer*	MR ALAN TAN MENG LIANG		Tarikh Dikeluarkan *Date of Issue* 14-06-2016
No.K.P/No.Daftar Perniagaan *IC No./Business Reg. No*	790831-01-5641	Sewa Beli atau Pajakan Dengan *Finance Interest*	NIL
Alamat *Address*	4, JALAN JERAU 2, TAMAN PELANGI, 80400 JOHOR BAHRU JOHOR		
No.Pendaftaran *Registration No.*	WQV3222	Jumlah Diinsurans *Sum Insured*	RM 60000.00 (ISM-ABI)
No Kad Pendaftaran *Registration Card No.*	A5741127	Lebihan *Excess*	RM 0.00
Kapasiti Padu/Tan *Cubic Capacity/Tonnage*	1998 CC	No Enjin *Engine No.*	1AZE070937
Buatan & Model *Make & Model*	TOYOTA CAMRY 2.0 G(A)	No. Casis *Chassis No.*	MR053BK4107020630
Tahun Dibuat *Year of Make*	2007	Ruang duduk *Seating Capacity*	5
Jenis Kenderaan *Type of Vehicle*	PRIVATE CAR	Kegunaan Kenderaan *Use of Vehicle*	PRIVATE CAR
Perlindungan Tambahan *Additional Covers*	ADD NAMED DRIVER LL OF PASSENGERS LLB TO PASSENGERS TO INCL WINDSCREEN GLASS (RM 2000.00)		
Nama Pemandu *Named Drivers (other than Insured)*	1) ALAN TAN MENG LIANG 2) YVONNE CHO PEI WEN		
Cukai Barangan dan Perkhidmatan / *Goods and Services Tax*	71.29	NCD	55.00 %

* POLISI INI TIDAK MELINDUNGI UNTUK KEGUNAAN SEWA ATAU GANJARAN *THIS POLICY DOES NOT COVER USE FOR HIRE OR REWARD*
Saya/Kami dengan ini mengesahkan bahawa Nota Perlindungan ini dikeluarkan mengikut Peruntukan-peruntukan yang terkandung dalam Bahagian IV Akta Pengangkutan Jalan 1987 (Malaysia), Undang-Undang Kenderaan Bermotor (Risiko Pihak Ketiga) 1959 (Malaysia), The Motor Vehicles (Third Party Risks and Compensation) Ordinance 1960 (No.1 of 1960) (Republic of Singapore), The Motor Vehicles (Third Party Risks and Compensation) Rules 1960 (Republic of Singapore), The Motor Vehicles Insurance (Third Party Risks) Rules 1950 (Brunei Darussalam)
I/We hereby certify that this Cover Note is issued in accordance with the provision of Part IV of the Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks & Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.

The Pacific Insurance Berhad
(Penanggung Insurans Berlesen / Approved Insurers)

NEW INSURANCE
No.Pembaharuan/Sambungan/Pemindaan Polisi / Renewal Extension Transfer
of Policy No: -
Login ID: v0816184

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Manager / Authorised Agent