

SIJIL INSURANS

MEGANG POLISI
POS MALAYSIA BERHAD

NO. SIJIL
P000008119

TARIKH BERKUATKUASA
11/04/2021

NO POLISI INDUK
G1027B

TARIKH TERBITAN
11/04/2021

TARIKH TAMAT / MATANG
11/04/2057

JENIS POLISI
TIDAK MENYERTAI

PELAN ASAS
POS LIFECARE

ORANG DIINSURANSKAN
KATHIRASEN A/L NARAINA

NO. KAD PENGENALAN
860515-38-6345

UMUR
35

JANTINA
Lelaki

DIAKUI
TIDAK

JADUAL MANFAAT DAN PREMIUM

JENIS PERLINDUNGAN	AMAUN MANFAAT* (RM)	MODAL PREMIUM (RM)	TARIKH AKHIR BAYARAN
POS LIFECARE	3000.00	50.00	11/04/2056
JUMLAH PREMIUM TAHUNAN (RM) 50.00			

PREMIUM-PREMIUM HARUS DIBAYAR PADA TARIKH POLISI DAN SETIAP TAHUN TERKEMUDIAN SEHINGGA TARIKH BAYARAN AKHIR YANG TERSEBUT DI ATAS.

LAMPIRAN DIKEPILKAN -

*MUNGKIN BERERTI BATASAN MANFAAT ATAU AMAUN PERLINDUNGAN.

JUMLAH MAKSIMUM FAEDAH HILANG UPAYA MENYELURUH DAN KEKAL YANG DIBAYAR ATAU DIBAYAR KE ATAS MANA-MANA ORANG YANG DIINSURANSKAN DARIPADA SEMUA POLISI DAN KONTRAK TAMBAHAN/ RIDER (TERTAKLUK KEPADA HAD MAKSIMUM LAIN SEPERTI YANG TERTERA DI DALAMNYA) DIKELUARKAN OLEH ALLIANZ LIFE INSURANCE MALAYSIA BERHAD YANG MENYEDIAKAN FAEDAH HILANG UPAYA MENYELURUH DAN KEKAL SECARA KESELURUHANNYA TIDAK MELEBIHI JUMLAH MAKSIMUM SEPERTI YANG TERTERA DALAM POLISI KONTRAK.



Motocyclist Personal Accident
INVOICE
NEW BUSINESS / PERNIAGAAN BARU
Original / Asal

Issue / Pejabat
As / Alamat
Telephone / Telefon
Fax / Faks

Pos Malaysia Berhad
Level 7, Pos Malaysia Headquarters,
Dayabumi Complex,
50670 Kuala Lumpur
1-300-300-300
03-2273-3927

Invoice No /
No Invoice FA00062301

CERTIFICATE/POLICY INFORMATION /		Certificate/Policy No. / AAJ61248684/16/04/SBG	
Source / Pengantara		AWV03752 Taman Ungku Tun Aminah	
Serv. T. Reg. No. / No Pendaftaran CRP			
Insured / Pihak Diinsuranskan		KATHIRASEN A/L NARAINA	
Advise to / Kepada		KATHIRASEN A/L NARAINA	
Serv. T. Reg. No. / No Pendaftaran CRP			
Period of Insurance / Tempoh Insurans		From 11-04-2021 Dari	To 10-04-2022 Hingga
Transaction No. / No Urutannya		00001	
Accounting Month / Year Bulan / Tahun Perakaunan		04 2021	

Billing Currency / Matawang Bil	RM	Exchange Rate / Kadar Pertukaran	1.0000
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Gross Premium / Premium Kasar RM	Charges / Caj RM	Stamp Duty / Duti Setem RM	Total Payable / Jumlah yang Perlu Dibayar RM
26.00	(Serv. T. 6.00%) 1.56	0.00	27.56

AXA AFFIN GENERAL INSURANCE BHD (23820-W)

Authorized Signature /
Tandatangan Sale

IMPORTANT NOTICE / Nota Penting:

- Please return a copy of this document together with your payment made payable to /
Sila kembalikan salinan lampiran ini bersama bayaran anda kepada:

AXA AFFIN GENERAL INSURANCE BHD (23820-W)

- Please disregard this document if payment has been made. Thank You. /
Sila abaikan lampiran ini sekiranya pembayaran telah dibuat. Terima Kasih.

Issued by / Dikeluarkan oleh - 25714FATIMAH on / pada 11-04-2021

AXA AFFIN GENERAL INSURANCE BHD (23820-W)
Ground Floor, Wisma Boustead, 71 Jalan Raja Chulan 50200 Kuala Lumpur Malaysia
Tel: (603) 21708282 Fax: (603) 20317282 Email: customer.service@axa.com.my
Service Tax Reg No: W10-1808-31615017

Page / Muka surat



Office of Issue / Pejabat
Address / Alamat

Pos Malaysia Berhad
Level 7, Pos Malaysia Headquarters,
Dayabumi Complex,
50670 Kuala Lumpur
1-300-300-300
03-2273-3927

Invoice No /
No Invois

FA00062300

Office / Pejabat
Address / Alamat

Telephone / Telefon
Fax / Faks

Policy No. / Nombor Polisi: VMX/61248683/16/04/SBG

POLICY INFORMATION /
MAKLUMAT POLISI

Source / Pengamara
Serv.T Reg. No. /
No Pendaftaran CBRP

AWV03752 Taman Ungku Tun Aminah

Insured / Pihak Ditanggung
Advice to / Kepada

KATHIRASEN A/L NARAINA
KATHIRASEN A/L NARAINA

Serv.T Reg. No. /
No Pendaftaran CBRP

Period of Insurance /
Tempoh Insurans

From 11-04-2021
Dari

To 10-04-2022
Hingga

(Both Dates Inclusive) /
Termasuk kedua-dua tarikh

Transaction No. /
No. Urutannya

00001

Vehicle Registration No. /
No. Pendaftaran Kenderaan

JSI 2358

Accounting Month / Year
Bulan / Tahun Perakuman

04 2021

Billing Currency /
Duitwang Bil

RM

Exchange Rate /
Kadar Pertukaran

1.0000

Gross Premium /
Premium Kasar
RM

Charges /
Caj
RM

Stamp Duty /
Duti Setem
RM

Total Payable /
Jumlah yang Perlu Dibayar
RM

479.77

(Serv.T 6.00%) 28.79

10.00

518.56

Placing Cover Note No. : M838229

IMPORTANT NOTICE / Notis Penting:

Please return a copy of this document together with your payment made payable to: AXA AFFIN GENERAL INSURANCE BHD (23820-W) /
Sila kembalikan salinan lampiran ini bersama bayaran anda kepada : AXA AFFIN GENERAL INSURANCE BHD (23820-W)

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Sila abaikan lampiran ini sekiranya pembayaran telah dibuat. Terima Kasih.

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Place of Issue / Pejabat

Pos Malaysia Berhad

Address / Alamat

Level 7, Pos Malaysia Headquarters
Dayabumi Complex,
50670 Kuala Lumpur

Telephone / Telefon

1-300-300-300

Fax / Faks

03-2273-3927

POLICY INFORMATION / MAKLUMAT
POLISI

Policy No. / Nombor Polisi VMX/61248683/16/04/SBG

Source / Pengantara

AWV03752 Taman Ungku Tun Aminah

Insured / Pihak Diinsuranskan

KATHIRASEN A/L NARAINA

Bez Regn. / IC / Passport No.

860515-38-6345

No. Pendaftaran Perniagaan / No. KP / No
Paspot

Address / Alamat



Period of Insurance /

From 11-04-2021

To 10-04-2022

(Both Dates Inclusive)

Tempoh Insurans

Dari

Hingga

/ Termasuk kedua-dua tarikh

Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium / Sebarang tempoh yang berikut dimana Orang Yang
Diinsuranskan akan membayar dan Syarikat akan bersetuju untuk menerima premium pembaharuan.

PREMIUM / Premium

Annual Premium /

RM 479.77

Premium Tahunan

Total Premium Due /

RM 479.77

Jumlah Premium

Stamp Duty /

RM 10.00

Duti Setem

RISK DETAILS / BUTIRAN RISIKO - THE MOTOR VEHICLE / KENDERAAN MOTOR

Cover Granted /

COMPREHENSIVE

Jenis Perlindungan

Profession /

Others

Profesion

Regn No. /

JSL2358

No. Pendaftaran

Type of Use /

MOTORCYCLE - PRIVATE USE

Jenis Kegunaan

Make/Model /

YAMAHA YZF-R25

Buatan Model

Year of Manufacture /

2017

Tahun Diperbuat

Body Type /

MCYCLE

Jenis Badan Kenderaan

Engine No. /

G401E0071386

No. Enjin

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Service Tax Reg No: W10-1808-31015017

SIJIL PEMILIKAN KENDERAAN

JABATAN PENGANGKUTAN JALAN

PUNTRIKG

No Pendaftaran	:	JSL2358
No 10	:	860515386345
Nama Pemunya Berdaftar	:	KATHIRASEN A/L NARAINA
Alamat	:	NO 36 JALAN HANG LEKIU 3 TAMAN SKUDAI BARU BANDAR SELESA JAYA 81300 SKUDAI JOHOR
No Chassis/No Enjin	:	PMYRG1510H0011134 / G401E-0071386
Buatan>Nama Model	:	YAMAHA / YZF-R25
Keupayaan Enjin	:	250
Bahan Bakar	:	PETROL
Status Asal	:	PEMASANGAN TEMPATAN
Kelas Kegunaan	:	MOTOSIKAL
Jenis Badan/Tahun Dibuat	:	MOTOSIKAL / 2017
Tarikh Pendaftaran	:	14/11/2017
B D M/B G K/GIM	:	-
Syarat Pendaftaran 1	:	-
Syarat Pendaftaran 2	:	-
Syarat Pendaftaran 3	:	-



**SINGAPORE
POLICE FORCE**



J/20210729/7010

1 of 2

POLICE REPORT (NP299)

Report No. J/20210729/7010

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 29/07/2021 10:11	Vide Report No.	Station Diary No.
Name Of Informant KATHIRASEN NARAINA	Address	
ID Type / ID No. FIN NO / G7798188N	Contact No. Home/Office: Mobile: 98103077	
Nationality MALAYSIAN	Email Address kathirji30@gmail.com	
Occupation Waste Management Supervisor	Sex Male	Age 35
Institution/School Name	Date of Birth 15/05/1986	Race Indian
Date/Time Of Incident 29/07/2021 08:15 - 29/07/2021 08:15	Location Of Incident TUAS ROAD	

Brief details.

On the above mentioned date and time , I was riding my vehicle JSL2358 along Tuas Road towards Upper Jurong Road .

My vehicle was stationary while waiting for the traffic to clear before proceeding into the round-about towards Upper Jurong Road .

Suddenly I felt an impact from the rear and impact was so huge that it propelled my vehicle forward . I lost my balance and fell to my left . I then realised my vehicle was rear ended by vehicle bearing carplate

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

29/07/2021 10:11

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20210729/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210729/7010

number XE3039J .

I suffered multiple injuries over portions of my body due to the impact .

No Traffic Police & Ambulance were at the scene.

I then went to the nearest clinic at Unihealth 24-hour clinic (Jurong East) to seek for medical treatment and was issued 5 days of MC

Subjects Involved			
Victim			
Person Name	KATHIRASEN NARAINA		
ID Type	FIN NO	ID No	G7798188N
Gender	Male	Age	35
Race	Indian	Language	English
Occupation	Waste Management Supervisor	Mobile No	98103077
Is Informant A Victim?	Yes		
Person Name	KATHIRASEN NARAINA (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
29/07/2021 10:11

Classification Of Case: