

ORIGINAL COPY

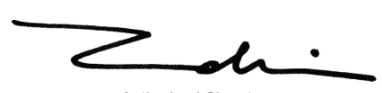
THE SCHEDULE

JADUAL

RTD CODE : 13

STAMP DUTY PAID

DUTI SETEM DIBAYAR

M.Y.3		MOTORCYCLE PLUS ALL RIDER - INDIVIDUAL	
INSURED PEMUNYA	NG SENG KIAT		Date of Issue/Time Tarikh Dikeluarkan/Waktu
ADDRESS ALAMAT	6 JLN KENANGA, TMN SRI SEKINCHAN 2, SEKINCHAN 45400 SEKINCHAN SELANGOR		15-09-2021 11.42.15 AM
		E-Cover Note No. No. Nota Perlindungan	AETA0435655
		Account No. No. Akaun	TA01595
		Premium	76.05
		Loading	75.00
		NCD	20.00 %
		Extra Coverage Perlindungan Tambahan	26.62
		DEATH/PD - INSURED/AUTH RIDER	
		HOSPITAL INCOME - INSURED	
		HOSPITAL INCOME - AUTH RIDER	
PERIOD OF INSURANCE TEMPOH INSURANS		(a) From 22-09-2021 (both dates inclusive) Dari (termasuk kedua-dua tarikh) To 21-09-2022 Hingga	
		(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. Sebarang tempoh selanjutnya di mana Anda hendaklah membayar, dan Kami hendaklah bersetuju menerima premium pembaharuan.	
OCCUPATION/TYPE OF BUSINESS PERNIAGAAN/PEKERJAAN		OTHERS	
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN SEWA BELI/PINJAMAN MAJIKAN			
PARTICULARS OF VEHICLE BUTIR-BUTIR KENDERAAN			
Make and Type of Body / Buatan dan Jenis Badan		Registration No./Trailer No. / No. Pendaftaran/No. Treler	
YAMAHA 135LC		JPA4540	
Engine/Motor No. No. Enjin/Motor		Engine C.C/Horse Power/Tonnage/Watt Cc Enjin/Kuasa Kuda/Tan/Watt	
G399EE090910		135.00 CC	
Chassis No. No. Casis		Seating Capacity Muatan Tempat Duduk	Year of Manufacture Tahun Dibuat
PMYKG0540C0090910		2	2012
NRIC No./Bus. Regn. No No. Kad Pengenalan/No. Pendaftaran Perniagaan		HP/Phone No. & e-mail No. Telefon Bimbit/Telefon & e-mel	Regn. Card No. No. Kad Pendaftaran
910925025721		6012-2977534 vincent7534@yahoo.com	NA
		Type of Cover Jenis Perlindungan	THIRD PARTY
This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto:- Polisi ini adalah tertakluk kepada pengendonsan yang telah dicetak atau ditambah atau dimasukkan kedalamnya.			
ENDT.3(p) - THIRD PARTY ONLY INSURANCE			
ENDT.MCPA1-1 - DEATH/PERMANENT DISABLEMENT - INSURED/AUTHORISED RIDER (SUM INSURED RM10,000)			
ENDT.MCPA2 - HOSPITAL INCOME - INSURED (RM100 per day)			
ENDT.MCPA2-1 - HOSPITAL INCOME - AUTHORISED RIDER (RM100 per day)			
NAMED DRIVERS 1. ALL RIDER/DRIVER			
Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam. Kawasan Geografi : Malaysia, Republik of Singapura dan Negara Brunei Darussalam		Issued By / Dikeluarkan oleh NG BOON SONG / TA01595-01 NO.6, JALAN KENANGA, TAMAN SERI SEKINCHAN 45400, SEKINCHAN TEL: 603-32410935 HP: 6012-2977534 FAX:	
Limitations as to Use/ Authorised Driver : As described in the Certificate of Insurance. Had Penggunaan / Pemandu Yang Diberi kuasa : Seperti yang tercatat dalam Sijil Insurans			
Please ensure All accidents are reported to the Police within 24 hours Pastikan semua kemalangan hendaklah dilaporkan kepada pihak Polis dalam masa 24 jam. Issued in lieu of and Cancelling/Replacing Cover Note/Policy No. - Dikeluarkan Sebagai Pembatalan/Penggantian/No. Nota Perlindungan/ No. Polisi - Date of Signature of Proposal & Declaration Tarikh Tandatangan Cadangan dan Akaun		Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)  Authorised Signature	
Important Notice : Policy print out can be obtained from our branch offices located nationwide or from your servicing agents. Kenyataan Penting : Cetakan polisi boleh diperolehi daripada pejabat cawangan kami di seluruh negara ataupun daripada ejen Allianz Anda. ALPHA-2101595-001641324-2			

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 Takaful 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	: bnmtelelink@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. AETA0435655

NCD

20.00%

Diskaun Tanpa Tuntutan

1. **Index Mark and Registration Number of Vehicle** : JPA4540 135.00 CC YAMAHA 135LC
Tanda Indeks Dan Nombor Pendaftaran Kenderaan
2. **Name of Policyholder :** : NG SENG KIAT
Nama Pemegang Polisi
3. **Effective date of the Commencement of Insurance for the purposes for the Regulations, Ordinance or Enactment** : 22-09-2021
Tarikh efektif permulaan insuran untuk kegunaan Ordinan
4. **Date of Expiry of the Insurance** : 21-09-2022
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

: TA01595

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD 200601015674 (735426-V)

Kod Ejen



Authorised Signature

Tel No: 05-6215882 / 6217731 Fax No: 05-6225229
Email: telukintan.general@allianz.com.my
Service Tax Reg. No : W10-1808-31006172

INVOICE

Policy No.	: AETA0435655	Class	: MOTOR
Account No.	: TA01595	Invoice No	: STAX21092000139542
Insured / Policy Holder	: NG SENG KIAT 6 JLN KENANGA, TMN SRI SEKINCHAN 2, SEKINCHAN 45400 SEKINCHAN SELANGOR	Invoice Date	: 15-09-2021
Period of Insurance	: From 22-09-2021 to 21-09-2022		

Item No.	Description	Total Amount (RM)
	Gross Premium	106.47
	Stamp Duty	10.00
	Premium Payable excluding Service Tax	116.47
	Premium Subject to Service Tax @ 6.00% (Period of Insurance : 22-09-2021 - 21-09-2022)	106.47
	Service Tax Payable	6.39
	Total Premium Payable including Service Tax	122.86
	Total Amount Payable (including Service Tax and Rounded)	122.85

Allianz General Insurance Company (Malaysia) Berhad <i>This is computer generated. No signature is required.</i>
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COMPREHENSIVE COVER: HOW TO CLAIM FROM OWN INSURANCE COMPANY



1. WHAT TO CLAIM

- a) If the accident was your fault, make an 'Own Damage' claim
- b) If the accident was **NOT** your fault, make an 'Own Damage Knock-for-Knock' claim (instead of making a third party claim)

BENEFITS OF MAKING 'OWN DAMAGE KNOCK-FOR-KNOCK' CLAIM:

- Faster claims processing
- You will not lose your No Claim Discount (NCD) entitlement
- You can claim excess* and CART** from the other party's insurance company



2. HOW TO CLAIM

Submit to your insurance company:

- Completed claim form
- Original copy of police report
- Copy of driver's and policyholder's identity card and driving licence
- Copy of vehicle ownership certificate
- Photos of accident scene and damages to vehicle
- Police letter informing which party is compounded for road traffic offence

THIRD PARTY COVER: HOW TO MAKE A THIRD PARTY PROPERTY DAMAGE CLAIM

1. WHAT TO CLAIM

- a) Damage to your car or property in a road accident caused by the other party
- b) Other financial losses e.g. CART**, excess*

2. HOW TO CLAIM

- Send your car to the insurance company's panel workshop
- Appoint an adjuster to evaluate the cost of your car's damage
- Submit to the other party's insurance company:
 - Original copy of police report
 - Copy of driver's and policyholder's identity card and driving licence
 - Copy of vehicle ownership certificate
 - Adjuster's report
 - Bill of repair costs of your car
 - Photos of accident scene and damages to vehicle
 - Police letter informing which party is compounded for road traffic offence

You can obtain the information of the other party's insurance company via www.mycarinfo.com.my



Tips

HOW TO AVOID POSSIBLE REJECTION OF CLAIMS

- Notify your insurance company within **7 days** from the accident
- Ensure complete documentation
- Ensure private car is not used for hire or to carry goods for business purpose

IMPORTANT TERMS

COMPENSATION FOR ASSESSED REPAIR TIME (CART)**

The amount payable by the other party's insurance company for number of days it takes to repair your car as assessed by the adjuster (not the number of days your car is in the workshop)

CART =

Rate as per taxi fare receipt or car rental agreement or fixed scale of CART

x

Number of days to repair the car

Remember to keep the original receipts for taxi fare or car rental to claim for CART

EXCESS*

The amount you have to pay whether the accident is your fault or otherwise. The insurance company pays the remaining claim balance

BETTERMENT

Applies to car age 5 years or more:

- When an old part is replaced with a new original part
- You bear partial cost of the new original part (depending on your car's age) as your car will be in a better condition than before the accident

For more information, please contact:

PIAM at 03-22747399 or visit www.piam.org.my
MTA at 03-20318160 or visit www.malaysiantakaful.com.my

For complaints or any queries, please contact your insurance company

If your query is not satisfactorily resolved by the insurance company, you may contact BNMTTELELINK at 1300 88 5465 or bnmteletelink@bnm.gov.my



CLAIMS GUIDE FOR MOTOR ACCIDENTS

Take These 3 Key Steps:

- ✓ CALL your insurance company or Accident Assist Call Centre
- ✓ GATHER evidence
- ✓ LODGE police report



BANK NEGARA MALAYSIA
CENTRAL BANK OF MALAYSIA



QUICK GUIDE TO MOTOR INSURANCE CLAIMS

OWN DAMAGE CLAIM

Claim loss or damage to your car from your own insurance company

(Refer to back page for detailed information)

SEND YOUR CAR TO A PANEL WORKSHOP

- Ask your insurance company for the list of panel workshops
- For Own Damage Claim, your insurance company will appoint an adjuster to assess the damage

Please co-operate with the adjuster



NOTIFY YOUR INSURANCE COMPANY

- Notify your insurance company within 7 days of the accident
- Submit your claim as soon as possible



STEP 5



STEP 4

KEEP CALM

DO NOT:

- Admit you are at fault
- Agree to any offer or settlement
- Sign anything



LODGE POLICE REPORT

- Lodge a report within 24 hours at the nearest police station
- Late reporting can result in a fine

STEP 3



STEP 1



CALL FOR ASSISTANCE

Accident Assist
15-500

Call your insurance company or 24/7 Hotline 15-500 if your car is badly damaged and you need towing service



STEP 2

GATHER EVIDENCE

- Note the place and time of the accident
- Take photos of accident scene and damages to vehicles involved
- Exchange information with the other party:
 - Driving licence number
 - Contact number and address
 - Vehicle model and registration number
 - Insurance company

Assess whether it is safe for you to step out of your car

DEAL ONLY WITH AUTHORISED TOW TRUCKS

Get the name and registration number of the authorised tow truck operator from your insurance company or Accident Assist and wait for them to arrive

THIRD PARTY PROPERTY DAMAGE CLAIM

Claim against other party's insurance company if the accident was not your fault

(Refer to back page for detailed information)

