KUALA LUMPUR SENTRAL, 50470 KUALA LUMPUR
Email : customer.service@allianz.com.my

Tel : 03-2264 0700
Fax : 03-2264 0602
Toll Free No : 1-300-88-1028

ORIGINAL COPY

RTD CODE : 13

THE SCHEDULE
JADUAL

STAMP DUTY PAID
DUTI SETEM DIBAYAR

M.Y.3

MOTORCYCLE ALL RIDER - INDIVIDUAL

PERIOD OF INSURANCE
TEMPOH INSURANS

(a) From 05-07-2021 (both dates inclusive)
Dari 05-07-2021 (termasuk kedua-dua tarikh)
To 04-07-2022
Hingga 04-07-2022

(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

INSURED
PEMUNYA
PUNITHAN A/L CHANDRA SEGARAN

ADDRESS
ALAMAT
NO 2872 TAMAN INDAH
73000 TAMPIN
NEGERI SEMBILAN

OCCUPATION/TYPE OF BUSINESS
PERNIAGAAN/PEKERJAAN
Unemployed

HIRE PURCHASE
OWNERS/EMPLOYER'S LOAN
SEWA BELI/PINJAMAN MAJIKAN

PARTICULARS OF VEHICLE
BUTIR-BUTIR KENDERAAN

COMPULSORY EXCESS *LEBIHAN WAJIB*	100.00

Date of Issue/Time *Tarikh Dikeluarkan/Waktu*	29-06-2021 12:01 AM
E-Cover Note No. *No. Nota Perlindungan*	POSM-631575
Account No. *No. Akaun*	SN04791
Premium	173.21
Loading 0.00%	0.00
NCD 25.00%	43.30
Extra Coverage	
INCLUSION OF SPECIAL PERILS (MOTORCYCLE)	0.00
DEATH/ PD - INSURED/AUTHORISED RIDER	0.00
HOSPITAL INCOME - INSURED	0.00
HOSPITAL INCOME - AUTHORISED RIDER	0.00
GROSS PREM	129.91
STAMP DUTY	10.00
SERVICE TAX 6.00%	7.79
TOTAL DUE	147.70
AMOUNT PAYABLE(ROUNDED)	147.70

Make and Type of Body *Buatan dan Jenis Badan* YAMAHA LAGENDA 110Z (K)	**Registration No./Trailer No.** *No. Pendaftaran/No. Treler* MBL9859			
Engine No. *No. Enjin* E345EK088830	**Engine C.C/Horse Power/Tonnage** *CC Enjin/Kuasa Kuda/Tan* 110 CC		**Act.** *Akta*	32.40
Chassis No. *No. Casis* PMYKE055070088830	**Seating Capacity** *Muatan Tempat Duduk* 2	**Year Of Manufacture** *Tahun Dibuat* 2007	**Sum Insured** *Jumlah Diinsurankan*	1,500.00
NRIC No./Bus. Regn. No. *No. Kad Pengenalan/No. Pendaftaran Perniagaan* 840802-05-5479	**Telephone No.** *No. Telefon* 0169282257	**Regn. Card No.** *No. Kad Pendaftaran* NA	**Type of Cover** *Jenis Perlindungan* COMPREHENSIVE	

This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto :-
Polisi ini adalah tertakluk kepada pengendorsan yang telah dicetak atau dikembali atau dimasukkan kedalamnya
ENDT 94 - COMPULSORY EXCESS - DAMAGE CLAIMS
MCPA1-1 - DEATH/PERMANENT DISABLEMENT - INSURED/AUTHORISED RIDER (SUM INSURED RM5,000)
MCPA2 - HOSPITAL INCOME - INSURED (RM50 PER DAY)
MCPA2-1 - HOSPITAL INCOME - AUTHORISED RIDER (RM50 PER DAY)
ENDT 57 - INCLUSION OF SPECIAL PERILS
ENDT 15 - HIRE PURCHASE

NAMED DRIVERS

LODGING COMPLAINTS & GRIEVANCES

IF YOU HAVE ANY COMPLAINTS OF UNFAIR MARKET PRACTICES BY THE COMPANY, YOU MAY CALL OR WRITE TO :

1. CUSTOMER FEEDBACK CENTER
ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD
GROUND FLOOR, BLOCK 2A,
PLAZA SENTRAL, JALAN STESEN SENTRAL 5,
KUALA LUMPUR SENTRAL,
50470 KUALA LUMPUR.
TEL : 03-2264 0700 FAX : 03-2264 0602
EMAIL : customer.service@allianz.com.my

2. OMBUDSMAN FOR FINANCIAL SERVICES ("OFS")
(Formerly known as Financial Mediation Bureau)
LEVEL 14, MAIN BLOCK, MENARA TAKAFUL MALAYSIA,
NO. 4, JALAN SULTAN SULAIMAN,
50000 KUALA LUMPUR.
TEL NO: +603-2272 2811
FAX NO: +603-2272 1577
EMAIL : enquiry@ofs.org.my

3. LAMAN INFORMASI NASIHAT DAN KHIDMAT (LINK)
BANK NEGARA MALAYSIA
GROUND FLOOR BLOCK C,
JALAN DATO' ONN,
50480 KUALA LUMPUR,
TOLL FREE: 1-300-88-5465
FAX NO.: 03-2174 1515
EMAIL: bnmtelelink@bnm.gov.my

Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam
Kawasan Geografi : Malaysia, Republik of Singapura dan Negara Brunei Darussalam
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

Issued By / *Dikeluarkan oleh*
14810MARIA
POS MALAYSIA BERHAD - Tampin

Please ensure All accidents are reported to the Police within 24 hours.
Pastikan semua kemalangan hendaklah dilaporkan kepada pihak Polis didalam 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 : 29-06-2021
Tarikh Tandatangan Cadangan dan Akuan

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (200801015674)

Authorised Signature

Important Notice : Policy print out can be obtained from our branch offices located nationwide or from your servicing agents.
Pemberitahuan Penting : Cetakan polisi boleh diperolehi daripada pejabat cawangan kami di seluruh negara ataupun daripada ejen Allianz Anda.
PT04906/07027/BG428