



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

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Claims & Accounts Department

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Branches

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A member of The MUI Group
In association with CNA Insurance

MOTOR INSURANCE PROPOSAL / BORANG CADANGAN INSURANS MOTOR

IMPORTANT NOTICES

- Statement Pursuant to section 150 (1) of the Insurance Act 1996. You are to disclose in this Proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- Your attention is drawn to section 14A of the insurance Act 1963. No Cover can be granted until premium has been paid in accordance with the Regulations issued under this section. Any person who fail to comply with the section shall be guilty of an offence and shall on conviction be liable to a fine not exceeding RM20,000. Where the Premium is made by cheque, money order, postal order, bank draft or cashier order the payment must be crossed 'Account Payee Only' and made in favour of MUI Continental Insurance Bhd.
- Average Clause
It is hereby understood and agreed that if the motor vehicle shall at the time of happening of any loss or damage (be it partial / total) be insured for a sum less than its market value then the insured shall be considered as being his own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Provided that this Clause shall not apply unless the market value at the time of the loss exceeds the insured value by 10%.
- Passenger Liability Cover
It is an offence under the laws of the Republic of Singapore to enter the country without extending Passenger Liability cover to your motor insurance.

NOTA PENTING

- Penerangan Menurut Seksyen 150 (1) Undang-Undang Insurans 1996. Anda adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang anda tahu atau harus tahu di atas cadangan insurans ini. Jika tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah.
- Anda Diminta Memberi Perhatian Kepada Seksyen 14A, Akta Insurans 1996. Perlindungan tidak akan berkuatkuasa sehingga Premium dibayar mengikut Peraturan yang telah dikeluarkan di bawah seksyen ini. Sesiapa yang tidak mematuhi seksyen ini adalah bersalah dan jika disabitkan kesalahan, akan dikenakan denda tidak melebihi RM20,000. Jika bayaran premium dibuat melalui kad kredit, tunai, cek, kiriman wang, kiriman pos, bank draf atau arahan wang tunai, bayaran mesti berpaling "Akaun Penerima Sahaja" atas nama MUI Continental Insurance Bhd.
- Fasal Purata
Dengan ini adalah difahamkan dan dipersetujui bahawa sekiranya kenderaan motor sewaktu berlakunya kerugian atau kerosakan (sama ada kerugian separuh penuh) yang diinsuranskan kurang daripada nilai pasarnya, maka pemegang polisi adalah dianggap sebagai menjadi penanggungnya sendiri bagi jumlah perbezaan dan akan menanggung kerugian pada kadar nisbah yang sepatutnya. Fasal ini tidak akan berkuatkuasa melainkan nilai pasaran pada masa kerugian itu melebihi nilai yang diinsuranskan sebanyak 10%.
- Perlindungan Liabiliti Penumpang
Adalah menjadi kesalahan di bawah Undang - Undang Republik Singapura memasuki negara itu dengan insurans motor yang tidak mempunyai perlindungan liabiliti penumpang.

* Every question in this Proposal must be answered and signed by the proposer.

PARTICULARS OF PROPOSER/ BUTIR-BUTIR PENCADANG

Name>Nama:

New I.C No./ No. K.P Baru: - -

Date of Birth/ Tarikh Lahir: - -
(DD/ HH) - (MM/ BB) - (YYYY/ TTTT)

Or Passport No./ Atau No. Pasport:

Age/ Umur:

Gender/ Jantina: Female/ Perempuan

Male/ Lelaki

Company/ Syarikat

Marital Status/ Status Perkahwinan: Single/ Bujang

Married/ Berkahwin

Divorce/ Bercerai

Company/ Syarikat

Nationality/ Kewarganegaraan: Malaysian/ Malaysia

Others / Lain-lain

Telephone no: Home / Office / Mobile:

Occupation (Exact Duties)/ Pekerjaan (Tugas Sebenar):

(For Company) / (Untuk Syarikat)

1) Date of Incorporation/ Tarikh Penubuhan: - -
(DD/ HH) - (MM/ BB) - (YYYY/ TTTT)

2) Business Registration No./ No. Pendaftaran Perniagaan:

Correspondence Address/ Alamat surat-menyurat:

Postcode / Poskod:

GENERAL QUESTION/ SOALAN-SOALAN AM

1. No Claim Discount (NCD)/ Diskaun Tanpa Tuntutan

NCD entitlement from previous insurer/ Hak NCD daripada Insurer sebelum ini: %

Name of Insurer/ Nama Insurer: _____

*Please complete and sign the Undertaking and enclose the previous Insurer's original Policy Schedule/ Renewal Notice.

*Sila lengkapkan dan tandatangan Surat Perjanjian dan sertakan Jadual Policy/ Notis Pembaharuan Insurans asal daripada Insurer sebelum ini.

2. Health Condition/ Keadaan Kesihatan

To the best of your knowledge and belief, do you or any other person whom to your knowledge will drive, suffer from any disease, physical infirmity, defective vision / hearing or nervous/ mental disorder?

Sepanjang pengetahuan dan kepercayaan anda, adakah anda atau orang lain yang diketahui yang akan memandu, menghadapi sebarang penyakit, keuzuran fizikal, gangguan penglihatan/ pendengaran atau penyakit mental?

Yes/ Ya No/ Tidak

If Yes, please give details/ Jika Ya, sila berikan butir-butirnya _____

3. Driving History/ Sejarah Memandu

Have you or any person whom to your knowledge will drive/ Adakah anda atau orang lain yang anda ketahui yang akan memandu:

i) Been convicted of any driving offence or/ Disabitkan dengan sebarang kesalahan memandu atau

ii) Had a driving licence endorsed, suspended or cancelled the past 3 years? / Mempunyai lesen memandu yang diendorsekan, digantung atau dibatal dalam tempoh 3 tahun yang lepas?

Yes/ Ya No/ Tidak

If Yes, please give details/ Jika Ya, sila berikan butir-butirnya _____

4. Insurance History/ Sejarah Insurans

Has any insurer in respect of any motor insurance effected by or for you:

Pernakah mana-mana insurser, dari segi insurans motor yang dicadangkan atau dilaksanakan oleh atau untuk anda:

i) Declined your proposal? Menolak cadangan anda?

ii) Required an increased premium or imposed special terms? Mengenakan premium yang lebih atau mengenakan syarat-syarat khas?

iii) Cancelled or refused renewal of your policy? Membatalkan atau menolak pembaharuan polisi anda?

Yes/ Ya No/ Tidak

If Yes, please give details/ Jika Ya, sila berikan butir-butirnya _____

5. Claims History/ Pengalaman Membuat Tuntutan

i) Do you or your authorised driver have previous claims experience?

Adakah anda atau pemandu anda yang dibenarkan mempunyai sebarang rekod membuat tuntutan sebelum ini?

Yes/ Ya No/ Tidak

ii) if Yes, please provide the following details only for claims made during the past three (3) years in connection with this vehicle or any other motor vehicle owned or driven by you or your named driver:-

Jika Ya, sila berikan butir-butir berikut untuk tuntutan yang berlaku dalam tiga (3) tahun yang lepas berkaitan dengan kenderaan sekarang atau mana-mana kenderaan lain yang dimiliki atau dipandu oleh anda atau pemandu bernama:-

Date of Accident Tarikh kemalangan/ kecederaan	Driven by Dipandu oleh	Vehicle No. No. Kereta	Name of Insurer Nama Insurer	Nature of Loss or Injury Jenis Kerugian atau Kecederaan	Amount claimed (incl. 3rd Party) Jumlah yang Dituntut (termasuk Pihak Ketiga)

6. Modification And Accessories/ Pengubahsuaian Dan Aksesori

Has the Vehicle been modified from manufacturer's specification or have any accessories or optional extras been fitted?

Pernakah kereta anda diubahsuai daripada spesifikasi pembuat atau dipasang aksesori atau pilihan tambahan?

Yes/ Ya No/ Tidak

If Yes, please give details/ Jika Ya, sila berikan butir-butirnya _____

DECLARATION / LETTER OF UNDERTAKING/ SURAT AKUAN PERJANJIAN

To/ Kepada: **MUI CONTINENTAL INSURANCE BERHAD**

Dear Sir/ Tuan,

NCD Entitlement/ Kelayakan Diskaun Tanpa Tuntutan (NCD)

Vehicle No./ No. Kereta: _____ I.C. No./ No. _____

I am currently holding a valid *Comprehensive/ Third Party motor policy with _____ (current Insurer). I intend to transfer or claim my _____ % NCD entitlement to vehicle no. _____ to be insured with You or purchase a policy from Your Company.

I hereby confirm that:-

- the NCD stated on the document *(Original Policy Schedule/ Renewal Notice/ Endorsement) issued by insurance company is TRUE and CORRECT.
- to the best of my knowledge no claim or action has been lodged/ pending or is likely to be taken against me under the policy
- there is no breach of any policy conditions which affects my NCD entitlement.
- I have not and shall not use this entitlement of NCD for any other vehicle/ policy
- if the NCD is incorrect, I undertake to pay the difference in premium within fourteen (14) working days, failing which I agree the policy may be cancelled by the Company.

Enclosed is the document *(Original Policy Schedule/ Renewal Notice/ Endorsement issued by insurance company as evidence of my entitlement.

- Note:
- If the transfer of NCD is between two different vehicle, please enclose the relevant Cancellation/ Recovery for NCD Endorsement for verification.
 - NCD from Overseas
- Condition: Duly signed Declaration Letter to be submitted together with the original NCD letter stating the number of claims-free years.
(Photostat copy is not acceptable)

Signature of Insured / Tandatangan Insured

DECLARATION BY PROPOSER/ AKUAN PENCADANG

I/We, to the best of my knowledge, hereby confirm that the statement that contain in this proposal form are true and correct and I/We have not concealed, misrepresented or miss-stated any material fact. I/We agree that the statement and declaration in this proposal form shall be the basis of contract of insurance with the Company and are deemed to be incorporated in the contract. I/We undertake that the vehicle to be insured is in good condition. I/We agree to accept this insurance subject to the terms and conditions of the company's policy and that the insurance will not be inforce until the proposal has been accepted by the company and the premium has been paid.

Saya/Kami dengan ini mengesahkan bahawa semua kenyataan yang terkandung dalam borang cadangan ini adalah benar dan betul sepanjang pengetahuan saya/kami dan saya/kami tidak menyembunyikan, menyalahgunakan atau membuat kenyataan yang salah terhadap mana-mana fakta yang penting. Saya/kami bersetuju bahawa kenyataan dan pengakuan dalam borang cadangan ini akan menjadi dasar kontrak insurans dengan syarikat dan adalah dianggap sebagai termaktub dalam kontrak. Saya/Kami mengesahkan bahawa kereta yang hendak diinsuranskan adalah dalam keadaan baik. Saya/Kami bersetuju untuk menerima insurans in tertakluk kepada syarat-syarat polisi Syarikat dan bahawa insurans tidak akan berkuatkuasa sehingga cadangan ini diterima oleh Syarikat dan premium telah dibayar.

Date/ Tarikh: - -
(DD/HH) (MM/BB) (YYYY/TTTT)

Signature of Proposer/ Tandatangan Pencadang

(In the event of any ambiguity between the English version and Malay version, the English shall prevail/ Sekiranya terdapat sebarang percanggahan di antara versi Bahasa Inggeris dan Bahasa Malaysia, hendaklah dirujuk kepada versi Bahasa Inggeris.)

VERIFICATION BY THIRD PARTY

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001, I hereby certify that the Proposer's original NRIC/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party verification :-

Signature:

Name :

NRIC :

Date :

"Third Party" means by insurance agents, insurance brokers or staff of insurance companies

Note : To maintain a copy of the NRIC for applicants for individual insurance policies where the premium is more than RM 50,000

Selaras dengan pematuhan Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram 2001, saya dengan ini mengesahkan bahawa Nombor Kad Pengenalan (KP)/Sijil Pendaftaran Perniagaan asal pemohon telah disahkan ketulenannya ketika urusan di jalankan.

Pengesahan Pihak Ketiga :-

Tandatangan :

Nama :

No. KP :

Tarikh :

"Pihak Ketiga" bermaksud agen insurans, broker insurans atau kakitangan syarikat insurans.

Nota: Sesalinan KP perlu disimpan bagi pemohon yang mengambil polisi insurans individu yang mana premiumnya melebihi RM50,000