

MALAYSIAN MOTOR INSURANCE POOL

(Administered by MMIP Services Sdn Bhd) (727804-H)

Servicing Insurer: _____

Address: _____

MOTOR INSURANCE PROPOSAL FORM

IMPORTANT NOTICES

- 1) **Statement pursuant to Section 149(4) of the Insurance Act 1996:** You are to disclose in this Proposal Form fully and faithfully, all the facts which you ought to know, otherwise the Policy may be void.
- 2) **Your attention is drawn to Section 141(1) of the Insurance Act 1996.** No Cover can be granted until premium has been paid in accordance with the Regulations issued under this 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 500,000.00. Where payment of 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 **MSSB-MMIP**
- 3) **The Policy will be subject to the operational warranties as attached to this Proposal Form.** You are obliged to strictly comply with these Warranties. Any breach of any of these Warranties could render the Policy null and void.
- 4) **Average Clause**

"It is hereby understood and agreed that if the motor vehicle shall at the time of any loss or damage (be it partial/total loss) insured against be of greater value than the insured value stated in the policy 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 under-insurance exceeds 10% of the market value at the time of loss".
- 5) **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".

[Every question must be answered. You must fully and clearly give the information asked and if you do not know the answer, please admit the fact. If the space provided is not sufficient to record a complete answer, please record the answer on a separate sheet of paper, sign, date and attach it to the Proposal Form].

PLEASE PRINT IN BLOCK LETTERS. BEFORE COMPLETING, READ THE WARRANTIES HEREIN

Owner: All Owners Including lessees and hirers to be named	Name and address of a close relative or friend not staying with you
1. Name:	4. Name:
2. Address:	5. Address:
3. Post Code:	
6. New I.C No.	7. Old I.C. No.
8. Relationship:	
9. Business Registration no:	
10. Phone: Business Private	11. Phone:

Interested Parties: (where vehicle is not fully owned)

12. Is the vehicle to be insured: Leased On Hire Purchase Credit Sale Contract
 Other (state)

13. Company 15. Telephone

14. Address 16. Postcode

17. **Period of Insurance Requested:** From: am/pm / / to 12.00 midnight / /

Note: The period of Insurance of this policy when issued will be not commenced earlier than the date and time of receipt of premium.

(Scope of cover code:)

Insurance Proposed:

18. Type of Insurance Required Comprehensive Third Party Only Third Party Fire and Theft

18. What is the type of vehicle? (Class of vehicle code:)

Motor Cycle Private Car Bus Taxi Goods Vehicle
 Motor Trade Others (please specify)

20. PURPOSE FOR WHICH VEHICLE IS USED (Use of vehicle code:)

Private social & domestic Business Commercial

21. Give brief description of nature of business:

For the use of associated client and SIMON POON & WYW AGENCY only.

21. A. In case of mobile equipment and other vehicles please indicate the nature of use:

Crane Forestry Construction Other uses

22. For Private Car

(Driver characteristic code:)

Insurance will apply only to named driver. Please give below particulars of all drivers including the insured who are to be insured under the policy.

Name	Date of Birth	Licence Number	Years Licensed	Sex	Occupation
1.					
2.					
3.					
4.					
5.					

Please enter the particulars of the Insured here.

For Goods Vehicle

23. Briefly describe type of goods carried:

23. A. Nature of permit: "C" Permit "A" Permit within one State only
 "A" Permit allowing inter-State movement

24. Will the vehicle carry any of the following goods?

Petroleum products	<input type="checkbox"/> YES <input type="checkbox"/> NO	Corrosive liquids	<input type="checkbox"/> YES <input type="checkbox"/> NO
Liquified gases or		Toxic substances	<input type="checkbox"/> YES <input type="checkbox"/> NO
gases under pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hazardous chemicals	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Explosives	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: Any goods which carry the risk of fire, explosion or health injury to living beings should be regarded as hazardous.

25. MPUW: Tons	26. MPLW: Tons	Capacity (Code)
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27. Trailer (if any) no: 28. Value: RM

29. Are passengers carried? () YES () NO

30. If "YES" indicate how many:

31. **For Passenger Vehicles:** What is the nature of the permit.

- | | | |
|---|--|--|
| <input type="checkbox"/> Town taxi | <input type="checkbox"/> Outstation taxi | <input type="checkbox"/> Limousine taxi |
| <input type="checkbox"/> Stage bus | <input type="checkbox"/> Bas kilang | <input type="checkbox"/> Bas sekolah |
| <input type="checkbox"/> Hire car
(Chauffeur driven) | <input type="checkbox"/> Hire car
(Self driven) | <input type="checkbox"/> Other private bus |
| | | <input type="checkbox"/> Express bus |
| | | <input type="checkbox"/> Tourist bus |

32. Passenger capacity (as per JPJ Licence)

Maximum sitting: } Total Number: (Capacity code:)
Maximum standing: }

Description of Vehicle and Accessories to be Insured:

- | | |
|---------------------------------------|---|
| 33. Make (code) | 34. Model/Type |
| 35. Year of Manufacturer | 36. Body Type |
| 37. Registration No. | 38. Log Book No.
(attach copy of log book) |
| 39. Engine No. | 40. Chassis No. |
| 41. Cubic Capacity
(Capacity code: | 42. Sum Insured RM
(inclusive of additions to vehicle) |

Description of vehicle accessories to be Insured:

43. Is your vehicle equipped with a tachograph?
[] YES [] NO
Make: Value: RM
44. Is it always maintained in good working order and condition?
[] YES [] NO
45. Is your vehicle equipped with warning devices including a flashing beacon light as hazard warning in the event of a breakdown?
[] YES [] NO

Date Of Birth : _____
Marital Status Code : _____
Usual Place Of Parking : _____
Safety Features Code : _____
Anti - Theft Device Codes : _____

Modifications and Accessories: Has this vehicle been modified from makers specifications or have any accessories or optional extras been fitted?

[] YES [] NO

If YES, specify Make and Model of each of the following:

<u>Modifications</u>			<u>Additions</u>			<u>Make & Model</u>	<u>Value</u>
	YES	NO		YES	No		
46. Body	[]	[]	51. Air conditioning	[]	[]		RM
47. Suspension	[]	[]	52. Sun Roof	[]	[]		RM
48. Engine	[]	[]	53. Anti Theft Device	[]	[]		RM
49. Wheels and Tyres	[]	[]	54. CB or 2 way Radio	[]	[]		RM
50. Others	[]	[]					

55. **Driver:** Provide details of all regular drivers including insured. (Applicable for commercial vehicles only)

Name	Date of Birth	Licence Number	Years Licensed	Sex	Occupation
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56. Do all Drivers hold a current Licence issued within Malaysia? YES [] NO []

		YES	NO			YES	NO
57. Do you or any of the named Drivers suffer from	(i) any physical infirmity	[]	[]	(ii) defective vision	[]	[]	
	(ii) nervous or mental diseases	[]	[]	(iv) defective hearing	[]	[]	

58. During the past Five years have any of these Drivers: (Answer YES or NO)
or your Company If YES, name driver, date and circumstances

Had any Insurance cancelled or refused? []

Been convicted of any Traffic Offence? []

Had a Driving Licence endorsed, suspended or cancelled? []

Had an accident or claimed on any vehicle policy []

No Claims Discount

59. Have you been insured in the past 12 months? [] YES [] NO

If YES, give
Name of insurer and branch:

Policy No.

Reg. No. of Vehicle Insured with them

Period of Insurance:

No Claim Discount allowed:

If NO, state how driving experience was obtained

(Claim code)

60. Please give below the last 3 years' accidents experience of the insured in respect of the vehicle being insured and where the vehicle was not owned by the insured over past 3 years, the experience in respect of any other vehicle owned by the insured during the period:

	<u>Date of Accident</u>	<u>Vehicle No.</u>	<u>Name of Insurer</u>	<u>Nature of Loss/Injury</u>	<u>Amount Claimed from insurer</u>
1.					
2.					
3.					
4.					
5.					
6.					

61. Have you approached any Insurance company for cover? [] YES [] NO

62. How many companies did you approach? (state number)

63. Give the names of at least two (2) companies that you had approached. (Excluding the servicing insurer)

	<u>Name</u>	<u>Date approached</u>	<u>Reply Received</u>
1)
2)

64. Did any company suggest terms that you did not find acceptable? If "YES", please state the name of the company or companies and the terms offered:

65. Or, was your application rejected without giving any reason? [] YES [] NO

EXTENDED COVERS

(Subject to additional premium) Mark [X] if required)

- 66. () Passenger Liability
- 67. () Windscreen Damage: RM
- 68. () Riot and Strike
- 69. () Flood
- 70. () Radio: RM Brand Name:
- 71. () Car Telephone: RM Brand Name:
- 72. () Others (Please specify)

DECLARATION

I/we hereby declare that

- 1) All the information given in the proposal form and any attachment to it is true and correct
- 2) All information known to me/us which may be relevant to the decision to insure and the terms of the insurance has been given
- 3) I/we further declare and agree
 - a) to be bound by the terms, conditions, exceptions and operational warranties of the Policy which have been brought to my/our specific attention
 - b) that the statements and declarations in this proposal form shall be the basis of the contract of insurance with the Pool and are deemed to be incorporated in the contract.

Dated this day of 19

Signature :

Full name :

I/C number :

Duly witnessed:

Signature :

Full name :

I/C number :

Address :

FOR OFFICE USE

<p>74. Special Risks code: "0" not special risk; "1" special risk. "2" special risk carrying hazardous goods.</p> <p>75. Excess:% of SI] whichever or RM] higher</p> <p>76. Date & time of acceptance:</p> <p>77. Premium receipt No: Mode: Cash/Cheque (Bank & Cheque no.)</p> <p>78. Date received:</p> <p>79. Certificate of Insurance No.:</p> <p>80. Period of Insurance - From</p> <p>81. To</p>	<p>82. Premium calculation</p> <table border="0" style="width: 100%;"><thead><tr><th colspan="2"></th><th style="text-align: center;">RM</th><th style="text-align: center;">SEN</th></tr></thead><tbody><tr><td>Gross Premium</td><td></td><td></td><td></td></tr><tr><td>Total/Max. Sur Charge</td><td style="text-align: right;">..... %</td><td></td><td></td></tr><tr><td>Sub-total</td><td></td><td></td><td></td></tr><tr><td>Less NCD</td><td style="text-align: right;">..... %</td><td></td><td></td></tr><tr><td>Sub-total</td><td></td><td></td><td></td></tr><tr><td>P.A.B.:</td><td>No. of Passengers</td><td></td><td></td></tr><tr><td>Legal liability to passengers</td><td></td><td></td><td></td></tr><tr><td>All drivers/additional driver</td><td></td><td></td><td></td></tr><tr><td>Windscreen - S.I. RM</td><td></td><td></td><td></td></tr><tr><td>Strike, Riot & Civil Commotion</td><td></td><td></td><td></td></tr><tr><td>Flood</td><td></td><td></td><td></td></tr><tr><td>Radio/Cassette</td><td></td><td></td><td></td></tr><tr><td>Sub-total</td><td></td><td></td><td></td></tr></tbody></table> <p>83. Service tax (5%)</p> <p>84. Stamp</p> <table border="0" style="width: 100%;"><tr><td style="width: 70%;"></td><td style="width: 15%; text-align: center;">10</td><td style="width: 15%; text-align: center;">00</td></tr></table> <p>85. Total</p>			RM	SEN	Gross Premium				Total/Max. Sur Charge %			Sub-total				Less NCD %			Sub-total				P.A.B.:	No. of Passengers			Legal liability to passengers				All drivers/additional driver				Windscreen - S.I. RM				Strike, Riot & Civil Commotion				Flood				Radio/Cassette				Sub-total					10	00
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Signature:

Name of officer accepting the business: