

TO : **KURNIA INSURANS (MALAYSIA) BERHAD** (44191-P)  
(A member of the Kurnia Group of Companies)  
HEAD OFFICE: Menara Kurnia, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya, P.O. Box 8607, 46792 Petaling Jaya, Selangor Darul Ehsan.  
Tel: +603-7875 3333 Fax: +603-7875 9933 E-mail: corporate@kurnia.com Website: www.kurnia.com

FROM : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE : \_\_\_\_\_

Requisition For Cancellation Of Policy No. : \_\_\_\_\_  
Vehicle No. : \_\_\_\_\_ Period Of Insurance : \_\_\_\_\_

With reference to the above matter, I/We would be most grateful if you could effect cancellation of the above policy from \_\_\_\_\_.

Reason : \_\_\_\_\_

I/We would like to :

Transfer my/our NCD entitlement of \_\_\_\_\_% to my/our new vehicle no. \_\_\_\_\_.

Confirm my/our NCD entitlement.

Thank you for your kind co-operation.

Yours faithfully,

.....  
Signature of Insured

I/C No. :

Contact No. :

**DECLARATION OF LOSS OF CERTIFICATE OF INSURANCE**

In compliance with the Motor Vehicle Third Party Risk Regulation, I/We hereby declared that the relative Certificate of Insurance issued to me/us under the above policy number has been lost or mislaid and this statement is true to the best of my/our knowledge. I/We further assume responsibility for any claim or dispute arising out of the lost Certificate and undertake to indemnify the Company in this respect.

.....  
Signature of Insured

I/C No.

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FROM : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE : \_\_\_\_\_

POLICY NO : \_\_\_\_\_  
VEHICLE REGISTRATION NO : \_\_\_\_\_  
PERIOD OF INSURANCE : \_\_\_\_\_

With reference to the above matter, I/We would be most grateful if you could effect the following:

- ( ) Issue a NCD Confirmation Letter (Local / Overseas)
- ( ) Withdraw NCD entitlement from the above mentioned policy w.e.f. \_\_\_\_\_
- ( ) Transfer the rights and benefits of my policy to \_\_\_\_\_ w.e.f. \_\_\_\_\_
- ( ) Extend the insurance period until \_\_\_\_\_
- ( ) Cancel the above mentioned policy w.e.f. \_\_\_\_\_ (Reason: \_\_\_\_\_)
- ( ) Amend : a) Insured's name \_\_\_\_\_ b) Vehicle No. \_\_\_\_\_  
c) Year of Make \_\_\_\_\_ d) Engine / Chassis No. \_\_\_\_\_  
e) C.C / Tonnage \_\_\_\_\_ f) Others (please specify) \_\_\_\_\_

Inclusive of Extension Benefit :

- ( ) Windscreen RM \_\_\_\_\_ ( ) LLP ( ) All Riders / Drivers
- ( ) SRCC ( ) Flood ( ) Others (please specify) \_\_\_\_\_

For your attention, I enclose herewith the :

- ( ) Original Policy ( ) Photocopy of I/C
- ( ) Original Certificate of Insurance ( ) Photocopy of Registration Card / Road Tax Disc

I/We, hereby authorized \_\_\_\_\_ I/C No \_\_\_\_\_ to collect the NCD letter on my/our behalf.

Thanking you for your kind co-operation.

Yours faithfully

.....  
(Signature of Insured)  
I/C No.

### DECLARATION OF LOSS OF CERTIFICATE OF INSURANCE

In compliance with the Motor Vehicle Third Party Risk Regulation, I/We hereby declared that the relative Certificate of Insurance issued to me/us under the above policy number has been lost or mislaid and this statement is true to the best of my/our knowledge.

I/We further assume responsibility for any claim or dispute arising out of the lost Certificate and undertake to indemnify the Company in this respect.

\_\_\_\_\_  
(Signature of Insured)

I/C/ No : .....

## LETTER OF UNDERTAKING

TO : KURNIA INSURANS (MALAYSIA) BERHAD (44191-P)  
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From :

Date :

Dear Sir,

NCD Entitlement :

Vehicle No :

I/C No. (Old/New) :

I am currently holding a valid \*Comprehensive / Third Party Motor Policy with \_\_\_\_\_ (Current Insurer)

I intend to transfer or claim my \_\_\_\_\_ NCD entitlement to a Vehicle no \_\_\_\_\_ to be insured with You or purchase a policy from Your Company (See Note No. 1)

I hereby confirm that :-

- To the best of my knowledge I have not been involved in an accident in which a claim or Court Action has been lodged / pending or is likely to be taken against me under the policy.
- There is no breach of any policy condition(s) 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 different of premium within 14 working days, failing which I agree the policy may be cancelled by the company.

**Applicable if NCD is given before confirmation with the ISM NCD Database**

- Enclosed is a copy of \*(Original Policy Schedule / Renewal Notice issued by insurance company / Endorsement / Certificate of Insurance) as evidence of my entitlement.
- If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation / Recovery NCD Endorsement for verification.

\_\_\_\_\_  
(Insured Signature)

Note:

**NCD from Overseas**

Duly Signed Letter of Undertaking and the original NCD confirmation letter stating the number of claims free years must be submitted.

\* delete whichever is not appropriate

**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 know or ought to know otherwise the policy may be invalidated.

**Kenyataan Mengikut Seksyen 149(4) Undang-undang Insurans 1996-** Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu di atas cadangan insurans ini, jika tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah.

**Note:** It is hereby understood and agreed that if the motor vehicle shall at all 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 the rateable proportion of the loss accordingly. Provided always that this clause shall not apply unless the market value at the time of loss exceeds the insured value by 10%. The market value of a vehicle would be determined in accordance to Endorsement 99 on "Indemnity In The Event of Total Loss Clause"

RTD CODE: 08

**DPPA / MCPA / MOTOR PROPOSAL FORM**

Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia)  
 Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore  
 Motor Vehicles (Third Party Risks and Compensation) Rules 1960 (Republic of Singapore)  
 Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam

**IMPORTANT NOTICE: This Cover Note will not be valid if issued after**

Agent Account Code	H71500-00	Date / Time Issued	
Agency	WONG YOCK WAN AGENCY		
Insured Name			
Address			

Geographical location:(State where your vehicle will usually be garaged overnight)			
NRIC & OLD / Business Reg No		Occupation / Trade	
Tel.No (Hse)	(Off.)	Hand Phone No	E-mail
Marital Status	Single [ ] / Married [ ] / Others [ ]	Gender / Body Corporate	Company [ ] / Male [ ] / Female [ ]

I/We propose for insurance and agree to pay RM \_\_\_\_\_ as premium in respect of the Motor Vehicle described in the Schedule below. The acceptance of risk is subject to the Company's standard COMP / TP / TPFT Policy terms applicable for the period from \_\_\_\_\_ on \_\_\_\_\_ to midnight on \_\_\_\_\_ - to midnight on \_\_\_\_\_ .I/We hereby also propose for Personal Accident insurance as indicated in the Schedule below in respect of the said Motor Vehicle ( If so indicated by X)

**SCHEDULE**

Make & Type of Vehicle		Reg.No / Trailer No.	
Engine No.		Year Of Make	
Chassis No		Seating Capacity	
CC / KG /Horse Power		Sum Insured (RM)	
Use Of Vehicle [PVT /COMM]		Trailer Sum Insured (RM)	
Vehicle Purchase Date		Vehicle Purchase Price (RM)	

Loading % / RM		CFY % / RM		As At	
<b>Excess is minimum 2.5% of Sum insured unless otherwise started herein.</b>				Excess (RM)	

Extra Benefits	
Authorised Driver / Rider	

Hire Purchase Owner		Renewal [ ] / Extension [ ] / Transfer [ ] / New [ ]
---------------------	--	--

**Passengers Liability is excluded from the cover under this Policy unless otherwise stated.** 5% Service Tax (RM)

Age of proposer:	Date of Birth:	Occupation or Business:
DPPA [ ] MCPA [ ] (Please X)	Driving License first issued	Full [ ] Provisional "L" [ ]

Please X against appropriate column

PRIVATE CAR	COMMERCIAL VEHICLES	MOTORCYCLE	TAXI	BUSES
<input type="checkbox"/> Private Social & Domestic Purposes Only	<input type="checkbox"/> "A" Permit	<input type="checkbox"/> Single Riders	<input type="checkbox"/> Town <input type="checkbox"/> Airport Limousine	<input type="checkbox"/> School
<input type="checkbox"/> Including Company Purposes	<input type="checkbox"/> "C" Permit	<input type="checkbox"/> All Riders	<input type="checkbox"/> Intertown	<input type="checkbox"/> Factory (Hire&Reward)
<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Special Type (Please Specify)	<input type="checkbox"/> Private Use	<input type="checkbox"/> Hire Car (Chauffeur Driven)	<input type="checkbox"/> Factory (Carriage of Own Workers)
		<input type="checkbox"/> Commercial Use		
	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Others (Please Specify)
			Please provide copy of permit granted by JPJ	Is Excursion Trip cover required? <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> DRIVERS AND PASSENGERS PERSONAL ACCIDENT INSURANCE (DPPA) <input type="checkbox"/> MOTOR CYCLIST PERSONAL ACCIDENT INSURANCE (MCPA)
<i>(Applicable only to Private Car, Private Van, Goods Carrying Vehicle, Town Taxi, Outstation Taxi, Factory Van and Motorcycle )</i>
Plan - Sum Insured (RM) - Premium (RM) -

Note: Please refer to DPPA/MCPA brochures for premium table.

**No MC.**

**Important Notice:** For environmental conservation, we no longer print the policy wordings. You may view the policy document number at [www.kurnia.com.my](http://www.kurnia.com.my). Print out can be obtained from our branch offices located nationwide or from your servicing agents.

**Kenyataan Penting:** Untuk pemeliharaan alam sekitar, kami tidak lagi mencetak butir-butir polisi. Anda boleh membaca butir-butir polisi untuk dokumen polisi bernombor diatas di [www.kurnia.com.my](http://www.kurnia.com.my). Cetakn polisi boleh diperolehi daripada pejabat cawangan Kami di seluruh negara ataupun daripada ejen Kurnia anda.

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1. State whether to the best of your knowledge and belief, you or any other person who will drive:	(a) Yes [ ]	No [ ]
(a) suffer from defective vision or hearing or from any physical or mental infirmity: If so, state particulars.	.....	.....
(b) have been convicted of any offence in connection with the driving of any motor vehicle. If so, state date and nature of penalty.	(b) Yes [ ]	No [ ]
.....	.....	.....
(c) ever met with any accident during the past three years.	(c) Yes [ ]	No [ ]
.....	.....	.....
(d) ever made a Claim during the past three years under any Motor Policy. If so, please give full particulars.	(d) Yes [ ]	No [ ]
.....	.....	.....
2. Are you entitled to a "No Claim Discount" from your previous Insurer? If yes, please attach previous Policy Schedule or Renewal Notice or Endorsement pertaining to NCD Entitlement and letter of undertaking. If the NCD is obtained falsely, the policy is null and void.	Name of Insurer(s)	.....
	Policy No	.....
	Vehicle Reg No.	.....

Anti Theft Device	Safety Features	Geographical Location / Garaged
Factory Fitted Alarm	Airbags Installed	Roadside - Public Parking
	YES	01
	NO	
Immobilizer	No. of Airbags	Outside Residence Compound
		02
GPS	ABS Braking System Installed	Within Residence Compound
		03
Steering or Gear Lock	YES	Parking Lot (Open)
		11
Tracking System	NO	Parking Lot (Covered)
		12
		Others
		99

**KENYATAAN PENTING**

Perhatian tuan adalah diarah kepada Seksyen 141 Akta Insurans 1996:  
Perlindungan insurans tidak akan diberi sehingga premium dibayar mengikut peraturan-peraturan yang dikeluarkan di bawah seksyen ini. Sesiapa yang gagal mematuhi peraturan ini adalah melakukan suatu kesalahan dan jika bersabit kesalahannya boleh didenda tidak lebih daripada RM500,000/- Sekiranya bayaran dibuat melalui cek semasa, kiriman wang, wang pos, bank draf atau cek juruwang, bayaran hendaklah berpaling "Akaun Penerima Sahaja" kepada Kurnia Insurans (M) Berhad.

**IMPORTANT NOTICE**

Your attention is drawn to Section 141 of the Insurance Act 1996:  
No cover can be granted until premium has been paid in accordance with the Regulations issued under the 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 RM500,000/-. Where payment of the premium is made by cheque, money order, postal order, bank draft or cashier's order, the payment must be made in favour of Kurnia Insurans (M) Berhad and crossed. "Account Payee Only"

**PEMBERITAHUAN KHAS DI DALAM BORANG-BORANG CADANGAN**

Pencadang dengan ini diberitahu bahawa Syarikat ini telah melantik ejen-ejen/ wakil-wakil yang mempunyai kuasa mengurusniaga atau menguruskan kontrak-kontrak Insurans bagi pihak Syarikat ini. Semua ejen-ejen/wakil-wakil yang diberi kuasa adalah dibekalkan dengan kad-kad Kuasa.

**SPECIAL NOTIFICATION IN PROPOSAL FORMS**

The proposer is hereby notified that the company has appointed agents/representatives who have the authority to solicit or negotiate contracts of insurance on behalf of the company. All authorised agents/representatives are with authorisation cards.

**DECLARATION BY PROPOSER**

I/We to the best of knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.  
I/We agree that the statements and declaration contained in this proposal form shall be basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

IC No:.....

Date: .....

Signature of Proposer

Signature	:	_____	NRIC	:	_____
Name	:	_____	Date	:	_____
*Third Party* means by insurance agents, insurance brokers or staff of insurance companies					
[ ] To maintain a copy of NRIC for applicants for individual insurance policies with aggregate annual premium exceeding RM 50,000.00					
[ ] To maintain a copy of Business Registration Certificate for companies with aggregate annual premium exceeding RM 100,000.00					

**BRANCHES:**

Alor Setar:Tel: 04-7339888 Fax: 04-7305888 .Batu Pahat:Tel: 07-4326333 Fax: 07-4323522 . Butterworth:Tel: 04-39793888 Fax: 07-3978279 . Ipoh:Tel: 05-2552846 Fax: 05-2413937 .Johor Bahru:Tel: 07-2383328 Fax: 07-2383731 . Kangar:Tel: 04-9764226 Fax: 04-9768914 . Klang:Tel: 03-33428333 Fax: 03-33449775 .Kluang:Tel: 07-7738000 Fax: 07-7722558 . Kota Bharu:Tel: 09-7481033Fax: 09-7449633 . Kota Kinabalu: Tel: 088-232200 Fax: 088-232204 .Kuala Lumpur:Tel: 03-26989333 Fax: 03-26989933 .Kuala Terengganu: Tel: 09-6246561 Fax: 09-6246531. Kuantan:Tel: 09-5664527 Fax: 09-5661164.Kuching: Tel: 082-247288 Fax: 082-250611 .Melaka: Tel: 06-2830928 Fax: 06-2822707 . Miri: Tel: 085-420102 Fax: 085-420924 .Penang: Tel: 04-2284473 Fax: 04-2284478.Segamat: Tel: 07-9321299 Fax: 07-9328551 . Selangor: Tel: 03-21481500 Fax: 03-21421446 .Seremban: Tel: 06-7670333 Fax: 06-7672487 .Sibu: Tel: 084-348333 Fax: 084-317766 . Sitiawan: Tel: 05-6919333 Fax: 05-6911333 . Sungai Petani: Tel: 04-4428333 Fax: 04-4428212 . Taiping:Tel: 05-8086333 Fax: 05-8083223 . Tawau: Tel: 089-762633 Fax: 089-762533 . Temerloh:Tel: 09-2960933 Fax:09-2966933

### VEHICLE INSPECTION FORM

<b>Insured's Name</b>	
<b>Vehicle No.</b>	
<b>Make/Model</b>	

**Purpose of Inspection (mid term endorsement)**

Conversion From Third Party to Comprehensive Cover

Increase of Sum Insured

Inclusion of Windscreen Cover

Inclusion of Special Perils

Proposal date of endorsement : \_\_\_\_\_

**Vehicle Condition**

Front Satisfactory  Yes  No

Rear Satisfactory  Yes  No

Side Satisfactory  Yes  No

Windscreen Satisfactory  Yes  No

Engine / Chassis No. : Same as per RIMV card  Yes  No

I hereby declare that the vehicle has been inspected and confirmed in satisfactory condition.

Agent's Name : \_\_\_\_\_

\_\_\_\_\_

(Name in full, Signature & Agent's Company stamp)

Date : \_\_\_\_\_ Time : \_\_\_\_\_

**Important Notes**

- This vehicle inspection form must be attached together with photographs of the followings:**
  - Front view of vehicle
  - Rear view of vehicle
  - Side view of vehicle
  - Engine serial number
  - Close up view of windscreen (for inclusion of windscreen cover).
- Please refer to branches for approval if the vehicle condition is not satisfactory.**

**DECLARATION OF VEHICLE CONDITION  
PENGAKUAN KEADAAN KENDERAAN**

I, \_\_\_\_\_ hereby declare that my vehicle  
\_\_\_\_\_ is in good condition and free of any accident claims.

Saya, \_\_\_\_\_ di sini mengakui bahawa kenderaan saya  
\_\_\_\_\_ berada di dalam keadaan baik dan bebas dari apa-apa jenis tuntutan  
kemalangan.

**INCREMENT / DECREMENT \* OF SUM INSURED  
PENAMBAHAN / PENGURANGAN \* JUMLAH PERLINDUNGAN**

I hereby agree to increase / decrease \* my vehicle's ( \_\_\_\_\_ ) sum insured  
from RM \_\_\_\_\_ to RM \_\_\_\_\_ .

Saya di sini bersetuju untuk menambahkan / mengurangkan jumlah perlindungan kenderaan saya  
( \_\_\_\_\_ ) dari RM \_\_\_\_\_ ke RM \_\_\_\_\_ .

Signature : \_\_\_\_\_  
Tandatangan

Insured : \_\_\_\_\_  
Pemegang Polisi

Identity Card Number : \_\_\_\_\_  
Nombor Kad Pengenalan

Date : \_\_\_\_\_  
Tarikh

Time : \_\_\_\_\_  
Waktu

- Delete which is not applicable
- Potong mana-mana yang tidak berkenaan

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