



# LONPAC INSURANCE BHD (307414-T)

Head Office: LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, No.6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

P.O.Box 10708, 50722 Kuala Lumpur.

Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2078 7455, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886

Website: www.lonpac.com

**WONG POOI YEN**

**A-2-2, JALAN TK 4/11 TAMAN KINRARA, SELANGOR  
47100 PUCHONG SELANGOR MALAYSIA**

Dear Policy Holder,

In line with our mission to continuously upgrade our standard of services rendered to you, as well as to keep you abreast with our latest products and services, we would appreciate if you could kindly confirm and update your contact details by filing-in the "Contact Details" below.

You may return the completed form to us either by:

- a) FAX to the respective fax number as indicated on the RENEWAL NOTICE, or
- b) MAIL to the respective address as indicated on the RENEWAL NOTICE, or
- c) E-MAIL us at customerservice@lonpac.com

Alternatively, you may visit our WEBSITE ([www.lonpac.com](http://www.lonpac.com)) "Update Contact Information" to update your contact details.

Thank you for your continuous and immense support.

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**POLICY HOLDER'S CONTACT DETAILS:**

**Policy Number : W12VP00661533KUL**

**Account Number : W16296KUL**

Details	Existing Record with Lonpac	Please provide updated details if different from existing record
Name (as per in the IC/Business Registration)	WONG POOI YEN	
New IC No.	800319-14-5558	
Uniform Personnel/ Passport/ Other ID		
Business Registration No.		
Date of Birth	19-03-1980	
Address	A-2-2, JALAN TK 4/11 TAMAN KINRARA, SELANGOR	
Town	PUCHONG	
Postcode	47100	
State & Country	SELANGOR MALAYSIA	
Mobile No. (HP)	016-2348808	
Office No. (O)		
Residence No. (R)		
Fax No.		
Email		

Note: Please write on a separate sheet of paper if the space is insufficient.

\*\*\*This is a computer generated letter. No signature is required.



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02 FEBRUARY 2013

**WONG POOI YEN**  
**A-2-2, JALAN TK 4/11 TAMAN KINRARA, SELANGOR**  
**47100 PUCHONG SELANGOR MALAYSIA**

Dear Policy Holder,

## PRIVATE CAR POLICY RENEWAL NOTICE NOTIS PEMBAHARUAN POLISI INSURANS KERETA PERSENDIRIAN

<b>Agency Account No. / No. Akaun Agensi</b>	: W16296/KUL-7H SC	<b>Policy No. / No. Polisi</b>	: W/12/VP00/661533/KULR-51
<b>Expiry Date / Tarikh Luput</b>	: 10-04-2013	<b>Recommended Sum Insured / Jumlah Perlindungan Dicapangkan</b>	: RM 0.00
<b>Coverage / Jenis Perlindungan</b>	: THIRD PARTY	<b>Basic Premium / Premium Asas</b>	: RM 84.15
<b>Vehicle No. / No. Kenderaan</b>	: WEP 7092	<b>Loading / Tambahan 100.00%</b>	: RM 84.15
<b>Year of Manufacture / Tahun Diperbuat</b>	: 1996	<b>NCD / NCD 38.33%</b>	: RM 64.51
<b>Make / Buatan</b>	: PROTON WIRA	<b>Gross Premium / Premium Kasar</b>	: RM 103.79
<b>Model / Model</b>	: WIRA	<b>Service Tax / Cukai Perkhidmatan</b>	: RM 0.00
<b>Engine No. / No. Enjin</b>	: 4G13P-DN2786	<b>Stamp Duty / Duti Setem</b>	: RM 10.00
<b>Chasis No. / No. Casis</b>	: PL1C96SNRTB875763	<b>Total Amount / Jumlah</b>	: RM 113.79
<b>C.C / Tonnage / Others</b>	: 1,298.00 cc	<b>Excess / Lebihan</b>	: RM 0.00
<b>Reg. Card No. / No. Kad Pendaftaran</b>	: 4033557	<b>Named Driver / Pemandu Dinamakan</b>	: ALL DRIVERS
<b>Hire Purchase / Sewa-Beli</b>	: N/A		
<b>I/C / Passport / Bus. Reg. No. / No. KP / Paspot / No. Daftar Bisnes</b>	: N/A		
<b>Current Sum Insured / Jumlah Perlindungan Semasa</b>	: RM 0.00		
<b>Current Policy Total Amount / Jumlah Polisi Semasa</b>	: RM 127.81		

### Renewal Instruction / Arahan Pembaharuan

\* (Please detach and return this portion to Lonpac Insurance Bhd)  
\*(Sila ceraikan bahagian ini dan kembalikan kepada Lonpac Insurance Bhd)

**Insured / Pihak Diinsuranskan : WONG POOI YEN**

**Policy No / No. Polisi : W/12/VP00/661533/KULR-51**

**Agency Account No. / No. Akaun Agensi : W16296/KUL-7H**

Please renew my policy based on the existing terms and conditions.  
Sila perbaharui polisi saya berdasarkan terma dan syarat sedia ada.

Please renew my policy with the following changes:  
Sila perbaharui polisi saya berdasarkan perubahan yang berikut: \_\_\_\_\_

**Signature of Insured / Tandatangan Orang yang Diinsuranskan:** \_\_\_\_\_

**Date / Tarikh:** \_\_\_\_\_

### Mode of Payment / Cara Pembayaran

**Cheque / Postal Order / Money Order payable to LONPAC INSURANCE BHD**  
Cek / Kiriman Pos / Kiriman Wang bayar kepada LONPAC INSURANCE BHD

Bank's Name : \_\_\_\_\_ Cheque No./Postal Order/Money Order : \_\_\_\_\_ Amount (RM) : \_\_\_\_\_  
Nama Bank No. Cek/Kiriman Pos/Kiriman Wang Amaun (RM)

**Credit Card Payment - Please charge to my credit card account :**  Visa / Visa  Master Card / Kad Master  
Bayaran Kad Kredit - Sila caj akaun kad kredit saya

Name of Card Holder / Nama Pemegang Kad : \_\_\_\_\_ Amount (RM) / Amaun (RM) : \_\_\_\_\_

Card No. :     -     -     -      
No. Kad

Card Expiry Date :   -    
Tarikh Luput Kad **MM YY**

**Signature of Card Holder / Tandatangan Pemegang Kad**

**Name / Nama** : \_\_\_\_\_

**NRIC. No. / No. KP** : \_\_\_\_\_

**Date / Tarikh** : \_\_\_\_\_

This is a computer generated form. No signature is required. Please ignore this notice if payment is made.  
Notis ini adalah cetakan komputer. Tandatangan tidak diperlukan. Sila abaikan notis ini jika bayaran telah dibuat.