

GENERAL MOTOR VEHICLE INSURANCE PROPOSAL FORM

To:

IEM Training Centre Sdn. Bhd.
(General Motor Vehicle Insurance Unit)
No. 33-1A (1st floor) Jalan 52/18
P.O. Box 224 (Jalan Sultan)
46720 Petaling Jaya, Selangor Darul Ehsan

**NEW PROPOSAL /APPLICATION FOR
COMPREHENSIVE COVERAGE ONLY**

IMPORTANT NOTICE

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 know or ought to know, otherwise the policy issued hereunder may be void;
2. YOUR ATTENTION IS DRAWN TO SECTION 141 OF THE INSURANCE ACT 1996, as amended. No cover can be granted until the premium has been paid in accordance with the Regulation 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 RM500,000.00. Where payment of the premium is made by cheque, money order/postal order/bankers draft or cashiers order, the payment must be crossed "Account Payee only" and made favour of 'IEM TRAINING CENTRE SDN. BHD.'.

Insurer: ☐ MAA Assurance Alliance Berhad

☐ ACE Synergy Insurance Berhad

Please tick to select your choice of insurer.

All questions must be answered by the Member and appropriately marked (/) where applicable;

PERSONAL DETAILS

Name of Proposer : _____

Mailing Address : _____

Contacts : HP : _____ Office : _____

Home : _____ Fax No. : _____

E-mail Address : _____

NRIC No. (New) : _____ NRIC No. (Old) : _____

Membership No. : _____

DETAILS OF VEHICLE

Type of Vehicle : Private Car ☐ Private Use ☐ Carrying Goods ☐

: Commercial Vehicle ☐ C' Permit ☐ A' Permit ☐

☐ Bus ☐ Taxi ☐

☐ Hire Car ☐ Motor Trade ☐ Chauffeur Driven ☐

: Special Types ☐ Building Construction ☐ Mobile Shops ☐

☐ Agriculture ☐ Emergency Vehicle ☐

☐ Crane Services ☐ Others (please stated) _____

Full Name of Drivers :

1. _____

Age : _____ Year of Driving Experience : _____

Occupation : _____

2. _____

Age : _____ Year of Driving Experience : _____

Occupation : _____

3. _____

Age : _____ Year of Driving Experience : _____

Occupation : _____

Additional Benefits :

(Additional premium will be charged for private car & comprehensive insurance only)

1. All drivers (Company registered - private use vehicle) ☐

2. Legal liability to passengers (LLP) - 25% of third party premium ☐

3. Strike, Riot & Civil Commotion (SRCC) - RM3 per 1000 of Sum Insured ☐

4. Flood, Typhoon & Earthquake - RM5 per 1000 of Sum Insured ☐

5. Legal liability of passengers - RM7.50 per car ☐

6. Windscreen breakage (WB) - RM _____ X 15% ☐

7. Radio/Cassette/CD Player - RM _____ X 15% ☐

Others - Please indicate :

1. _____

2. _____

Insurance History

Previous Ins. Co. : _____

Policy No. : _____

Period of Insurance : From : _____ To : _____

During the past 5 years, have you or any person whom to your knowledge will drive;

1. Been convicted of any driving offence. If 'Yes', please submit details. Yes ☐ No ☐

2. Suffered an accident, committed a traffic offence or made any claim under any motor policy. If 'Yes', please submit details, date of accident, vehicle no., name of insurer, nature of loss, injury and amount claimed from insurer. Yes ☐ No ☐

3. Has any insurer ever declined your proposal or imposed special terms or cancelled or refused to renew your policy? If 'Yes', please give details. Yes ☐ No ☐

4. Has this vehicle been modified from maker's specifications? If 'Yes', please give full details. Yes ☐ No ☐

5. Has your vehicle been sandblasted/etched? Yes ☐ No ☐

6. Do you or any person who is driving suffer from:-

Physical Disabilities

Yes ☐ No ☐

Mental Disabilities

Yes ☐ No ☐

Vision or Hearing Impairment

Yes ☐ No ☐**Has the vehicle been fitted with the following:-**1. Security Measures

a. Factory fitted car alarm

☐ a. only

b. Steering lock

☐ a. & b. only

c. Gear lock

☐ a. & c. only

d. No Alarm

☐ d. only

e. Others

☐ b., c., d. & e.2. Anti Theft Devices

a. Immobilizer and Alarm

☐ a. only

b. Steering lock

☐ a. & b. only

c. Gear lock

☐ a. & c. only

d. GPS/Tracking

☐ a. & d. only

e. Others

☐ b., c., d. & e.

3. Safety Features Codes

- | | | | |
|------------------------------------|--------------------------|--------------------------------|--------------------------|
| a. Driver's Side Airbags (1) | <input type="checkbox"/> | e. ABS & Airbags 1 | <input type="checkbox"/> |
| b. Driver & Passengers Airbags (2) | <input type="checkbox"/> | f. ABS & Airbags 2 | <input type="checkbox"/> |
| c. Airbags (more than 2) | <input type="checkbox"/> | g. ABS & Airbags (more than 2) | <input type="checkbox"/> |
| d. ABS (no airbags) | <input type="checkbox"/> | h. None | <input type="checkbox"/> |

Geographical Location : Place where vehicle is usually garaged (parked when not in use)

- | | |
|----------------------------|--------------------------|
| Within Residence Compound | <input type="checkbox"/> |
| Outside Residence Compound | <input type="checkbox"/> |
| Parking Lot (Open) | <input type="checkbox"/> |
| Parking Lot (Covered) | <input type="checkbox"/> |
| Roadside (Public parking) | <input type="checkbox"/> |
| Roadside | <input type="checkbox"/> |

DECLARATION

To : IEM TRAINING CENTRE SDN. BHD.

NCD Entitlement

Vehicle no.: _____ IC No.: _____ (new) _____ (old).

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 or purchase a policy from IEM Corporate Agency *(If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation, Recovery NCD Endorsement for verification)*. I hereby confirm that:-

1. the NCD stated on the documents *(Original policy schedule/Renewal notice issued by the insurance company/Endorsement/Certificate of Insurance) is TRUE & correct;
2. to the best of my knowledge no claim or action has been lodged/pending or is likely to be taken against me/us under the policy;
3. there is no breach of any policy conditions which affects my NCD entitlement;
4. I have not and shall not use this entitlement of NCD for any other vehicle/policy;
5. if the NCD is incorrect, I undertake to pay the difference of premium within 14 working days, failing which I agree that the policy may be cancelled by the Agency/Company.

Enclosed is a copy of *(Original policy schedule/Renewal notice issued by the insurance company/Endorsement/Certificate of Insurance) as evidence of my entitlement. Condition: Duly signed declaration letter & submit together with the original NCD letter stating the number of claims free years *(photostat copy is not accepted)*.

* Delete whichever is not appropriate.

DECLARATION

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

Signature of Proposer/Company's
Chop

Date

PAYMENT INSTRUCTION

Agency Code: D12548-000

**(Please tick (/) where applicable)*

Car Registration No.

--	--	--	--	--	--	--	--

* ☐ I wish to charge my premium inclusive of stamp duty of RM _____ for my vehicle insurance policy;

For the period of

DD		MM		YY			

To

DD		MM		YY			

From my

☐

Visa

☐

Master

(Please tick one only)

Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date

MM		YY			

* ☐ I enclosed a cheque no.: _____ for the sum of RM _____ issued in favour of '**IEM Training Centre Sdn. Bhd.**' and crossed '**A/C Payee Only**' for my premium inclusive of stamp duty of RM _____ for my vehicle insurance policy.

Signature of Proposer/Company's Chop:

Date:

FOR IEM TRAINING CENTRE USE ONLY

Premium Calculation

Basic Premium = RM _____

All Riders Loading = RM _____

Loading (____ %) = RM _____

Total = RM _____

Less No Claim Discount (NCD) = RM _____

- (____ %)

Additional Benefits;

All Drivers = RM _____

LLP = RM _____

SRCC = RM _____

Radio Cassette etc. = RM _____

Windscreen = RM _____

Others;

1. _____ = RM _____

2. _____ = RM _____

3. _____ = RM _____

Total Premium = RM _____

Service Tax Applicable = RM _____

Stamp Duty = RM _____

TOTAL AMOUNT PAYABLE = RM _____Loading Factors

1. Age of Vehicle - %

2. Rider's Age - %

3. Claim Experience - %
Over Preceeding 2 years

4. 4WD Vehicle - %

Excess Amount RM _____

*Authorised by**(IEM Training Centre - Insurance Officer)*

SURVEY ON IEM MOTOR VEHICLE INSURANCE

Dear IEM members,

This survey seeks to obtain information pertaining to IEM Motor Vehicle Insurance. This would enable us to update IEM members' membership record.

Kindly fill up the following and **fax to: 603-7582851** or mail to the **IEM Training Centre Sdn. Bhd., P.O. Box 224, (Jalan Sultan), 46720 Petaling Jaya, Selangor** for our further action.

Thank you,

*Chairman
Executive Committee
IEM Training Centre Sdn. Bhd.*

☐ I'm already buying the motor vehicle insurance from:

☐ Insurance Company :

Car No. Plate : 1. 2.

Expired Date : 1. 2.

☐ From IEM (BIM/MCIS ZURICH)

Car No. Plate : 1. 2.

Expired Date : 1. 2.

☐ I'm interested buying the motor vehicle insurance from IEM. Please update me with details information to;

Name :

Membership No. :

(HP) Tel. No. : (O) Tel. No. :

(Hse) Tel. No. : Fax No. :

E-mail Address :

Mailing Address :

Signature

Date