



SmartDrive - Private Motor Vehicle

IMPORTANT NOTICE

1. STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996, MALAYSIA: 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(1) OF 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 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 favor of AXA AFFIN ASSURANCE BHD and crossed "Account Payee Only".
3. In the event Your Vehicle is involved in an accident and gives rise to a claim, Your Vehicle must be removed to a PIAM Approved Repairers Scheme (PARS) workshop selected and approved by Us for repairs. Failure to remove Your Vehicle to an approved workshop would be a breach of Endorsement 106 and We shall have the right to decline liability under Section A of this Policy.

SPECIAL NOTIFICATION

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 issued with the authorisation cards.

1. ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE
2. PLEASE WRITE IN BLOCK LETTERS
3. PLEASE TICK (✓) WHERE APPROPRIATE
4. PLEASE ATTACH COPIES OF YOUR IDENTITY CARD AND VEHICLE LOGBOOK

PART I. PARTICULARS OF PERSON TO BE INSURED

Salutation Mr Mrs Ms Madam Dr Others If Others, please specify: _____

Name (as in new NRIC/Passport/Company Registered Name):

Correspondence Address: Postcode:

Marital Status: Married Single Email Address:

Tel: Office: Home: H/P:

New NRIC/Passport/Co. Registration No.: Date of Birth: - - (dd-mm-yy)

Gender: Male Female Ethnic Group: Malay Chinese Indian Others

Business or Profession/Occupation:

Your Position: Director/Owner Professional/Technical Managerial Admin/Clerical Others

PART II. PARTICULARS OF VEHICLE TO BE INSURED

Registration No.: Make:

Year of Make: Type of Body:

Seating Capacity: Cubic Capacity (C.C.): Chassis No.:

Engine No.: Vehicle Log Book No.:

Please indicate any mechanical Anti-Theft Devices installed on your vehicle:

- With mechanical device (steering lock, gear lock, etc) Without mechanical device (steering lock, gear lock, etc)

Please indicate any alarm installed on your vehicle:

- Alarm, Immobilizer & Global Positioning System (GPS) or Satellite Detection Alarm with Immobilizer

- Factory Fitted Alarm No Alarm Others. Please state: _____

Please indicate the Safety Features on your vehicle:

- ABS & Airbags (more than 2) ABS & Airbags 2 ABS & Airbags 1 Airbags (more than 2)
 Driver & Passenger Airbags (2) Drivers Side Airbags (1) ABS (No Airbags) None

Please indicate where the vehicle is usually parked when not in use:

- Roadside - Public Parking Roadside - Outside Residence Within Compound of Residence
 Parking Lot - Open Parking Lot - Covered Others. Please state: _____

PART III. SCOPE OF COVER

Insurance Cover Required: Comprehensive - for optional covers (please refer to Part V)
 Third Party

Period of Insurance: From -- To --

Sum Insured (estimated present value including accessories and spare parts): R M

Are you entitled to a "No Claim Discount" from your previous insurer: Yes (please complete Part VI) No

Please provide details of named drivers including the Insured who are to be insured.

	Name	New NRIC No.	Date of Birth	Relationship to Insured	Gender	Marital Status	Yrs of Driving Exp	Occupation
1								
2								
3								
4								

PART IV. GENERAL INFORMATION

Name of Hire Purchase Company/Finance Company/Employer (if employer loan):

If an individual proposer state:-

(a) Type of Driving Licence held: Full Provisional

(b) The Period of your driving experience as a qualified driver: Years

Have you made a claim during the past three years under any Motor Vehicle Policy?

Yes No If 'Yes', please give dates and brief details of amount as follow:-

(i) Own Damage Claim

(ii) Third Party Claim

To the best of your knowledge and belief do you or does any other person who to your knowledge will drive, suffer from any disease, physical infirmity or from defective vision or hearing? Yes No

If Yes, please give details.

PART V. PREMIUM COMPUTATION

Basic Premium	Sum Insured	RM <input type="text"/>	RM <input type="text"/>
Plus Loading (if any)		<input type="text"/> %	RM <input type="text"/>
Total Base Premium			RM <input type="text"/>
Less NCD		<input type="text"/> %	RM <input type="text"/>
Sub-Total			RM <input type="text"/>
Extended Covers (Please tick [✓] if required)			
<input type="checkbox"/> Legal Liability to Passengers	Additional No. of Seats	<input type="text"/>	RM <input type="text"/>
<input type="checkbox"/> Legal Liability of Passengers			RM <input type="text"/>
<input type="checkbox"/> Windscreen Damage	Sum Insured	RM <input type="text"/>	RM <input type="text"/>
<input type="checkbox"/> Riot and Strike			RM <input type="text"/>
<input type="checkbox"/> Flood, Windstorm and Convulsion of Nature			RM <input type="text"/>
<input type="checkbox"/> Radio	Make/Model <input type="text"/>	Sum Insured	RM <input type="text"/>
<input type="checkbox"/> Car Telephone	Make/Model <input type="text"/>	Sum Insured	RM <input type="text"/>
<input type="checkbox"/> All Drivers (for company/organisation registered vehicle)			RM <input type="text"/>
<input type="checkbox"/> Additional Named Driver(s)(for individual registered vehicle)	No. of Person(s)	<input type="text"/>	RM <input type="text"/>
<input type="checkbox"/> Others (please specify)	<input type="text"/>		RM <input type="text"/>
Total Gross Premium			RM <input type="text"/>
Service Tax 5% (if applicable)			RM <input type="text"/>
Stamp Duty			RM 10.00
Total Premium Payable			RM <input type="text"/>

PART VI. DECLARATION / LETTER OF UNDERTAKING FOR NCD ENTITLEMENT

To: AXA AFFIN ASSURANCE BERHAD

Dear Sir/Madam,

NCD Entitlement - Vehicle No.

I/We intend to transfer/claim my/our % of NCD entitlement to vehicle no.

to be insured with Your Company. I/We am/are currently holding a valid *Comprehensive/Third Party motor policy with

I/We hereby confirm that:

- (a) the NCD stated on the documents *(Original Policy Schedule/Renewal Notice issued by the insurance company/Endorsement/Certificate of Insurance) is true and correct.
- (b) to the best of my/our knowledge no claim or action has been lodged/pending or is likely to be taken against me/us under the policy.
- (c) there is no breach to any policy conditions which affects my/our NCD entitlement.
- (d) I/we have not and shall not use this entitlement of NCD for any other vehicle/policy.
- (e) if the NCD is incorrect, I/we undertake to pay the difference of premium within 14 working days, failing which I/we agree the policy may be cancelled by your company.

Enclosed is a copy of *Original Policy Schedule/Renewal Notice/Endorsement/Certificate Insurance as evidence of my entitlement.

Signature of Proposer:

Date:

Note:

1. If the transfer of NCD is between two different vehicles, please enclose the relevant Cancellation/Recovery NCD Endorsement for verification.
2. NCD from Overseas (Condition: Duly Signed Declaration Letter and submit together with the original NCD letter stating the number of claims free years).

* Delete whichever is not appropriate

PART VII. DRIVER'S & PASSENGERS' PERSONAL ACCIDENT INSURANCE

Yes, I wish to enroll!

MY VEHICLE: Insured must be the registered owner of vehicles insured

Vehicle 1 Registration No.: <input style="width: 100px; height: 15px;" type="text"/> Plan Required: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seating Capacity: <input type="text"/> seats
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Vehicle 2 Registration No.: <input style="width: 100px; height: 15px;" type="text"/> Plan Required: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seating Capacity: <input type="text"/> seats
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Vehicle 3 Registration No.: <input style="width: 100px; height: 15px;" type="text"/> Plan Required: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seating Capacity: <input type="text"/> seats
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BENEFIT TABLE

Benefits Per Person	Plan A	Plan B	Plan C
Death	RM10,000	RM20,000	RM30,000
Loss of both hands or both feet	RM10,000	RM20,000	RM30,000
Loss of sight of both eyes	RM10,000	RM20,000	RM30,000
Loss of one eye and one hand or one foot	RM10,000	RM20,000	RM30,000
Loss of one hand or one foot	RM 5,000	RM10,000	RM15,000
Loss of sight of one eye	RM 5,000	RM10,000	RM15,000
Medical Expenses	RM 500 (max)	RM 1,000 (max)	RM 1,500 (max)

PREMIUM TABLE

Seating Capacity As Per Vehicle Registration Card	Annual Premium		
	Plan A	Plan B	Plan C
4 Seats Including driver (3 passengers & 1 Driver)	RM50.00	RM 95.00	RM135.00
5 Seats Including driver (4 passengers & 1 Driver)	RM60.00	RM114.00	RM162.00
6 Seats Including driver (5 passengers & 1 Driver)	RM70.00	RM133.00	RM189.00
Each Additional Seat	RM 8.00	RM 15.00	RM 21.00

In the case of a company/organisation registered vehicle, please provide name of Nominee

Note:

1. Separate policies will be issued for this part.
2. Please add RM10.00 stamp duty for each policy (vehicle).
3. If two or more additional cars are insured, the premium under all policies will be reduced by 5%.
4. For company registered vehicle, please add 5% government service tax.

