ruben@netbaseinvention.com

AIG Malaysia Insurance Berhad

QUOTATION

Private Motor Car	RM
Basic Premium	2,633.00
All Rider Premium	0.00
- NCD (30.00%)	789.90
+Optional Add-on covers	
Auto-ALL DRIVERS (COMPANY)	50.00
Auto-LEGAL LIABILITY TO PASSENGER	37.80
Auto-WINDSCREEN (RM3,000.00)	450.00
Auto-LLP ACT OF NEGLIGENCE	7.50
Gross Premium	2,388.39
- Rebate	238.84
Premium After Discount	2,149.55
+ Service Tax (6.0%)	128.97
+ Stamp Duty	10.00
Gross Due	2,288.52
+ Road Tax Fees	0.00
Total (with road tax fees)	2,288.52

ADDITIONAL INFORMATION

MOTOR QUOTATION SLIP FOR NEW BUSINESS

Name	NETBASE INVENTION SDN BHD
Address	SUITE 1208, LEVEL 12, AMCORP TOWER ANCORP TRADE CENTRE 46050 PETALING JAYA SELANGOR DARUL EHSAN
IC/Business Registration	843320-U(Business Registration No)
Passport No	
Telephone Number	0169862134(Mobile)
Email	ruben@netbaseinvention.co
Date Of Birth	
Gender	Company
Marital Status	Company
Driving Experience	99 Years
Road Tax Delivery Information	

Campaign Code	NA
Occupation	OTHERS
Number of Claims in the Past 3 Years exceeding RM10K	NIL

SCHEDULE

Make & Model Of Vehicle	VOLVO - V40 (IQC15A) V40 T5 6 SP AUTOMATIC GEARTRONIC
Vehicle Body	Stationwagon
Registration No	BPA8630
Vehicle Registration Card No	
Year Of Manufacture	2015
Engine No	B5204T9*4778987*
Chassis No	PNVMV6350F5233328
Seat Capacity	5
Effective Date	27/10/2018 to 26/10/2019
Extra Benefit Specified	1) Auto-ALL DRIVERS (COMPANY) 2) Auto-LEGAL LIABILITY TO PASSENGER 3) Auto-WINDSCREEN (RM3,000.00) 4) Auto-LLP ACT OF NEGLIGENCE

Cubic Capacity H.P. Of Tonnage	1948.00 CC
Sum Insured	87,000.00 (Agreed Value)
Excess	a) Compulsory[1] RM 400.00 b) Voluntary[2] RM 0.00
Use Of Vehicle	Private use
Cover Type	COMPREHENSIVE
Vehicle Type	Private Motor Car
Premium (RM)	2,388.39
Service Tax (6.0%) (RM)	128.97
Stamp Duty (RM)	10.00
Total Due (RM)	2,288.52
Road Tax Fees (RM)	0.00
Gross Due (with road tax fees)	0.00

Named Driver	IC	Occupation	Age	Driving Experience	Date of Birth	Gender	Marital Status	Relationship With Insured

Place of Used	West Malaysia
Current NCD	30.00%
Hire Purchase Company	CIMB BANK BERHAD
Purchase Price (RM)	0.00

Garage Location	Roadside - Outside Residence
Safety Features	Driver's Side Airbags (1)
Anti Theft	Factory Fitted Alarm

Excess : This is the first amount that you have to bear yourself for each and every claim that we approve, even if the incident is not your fault

[1] Compulsory Excess is applicable if the driver at time of accident is :
1 - under the age of 21; or
2 - a Provisional (L) or Probationary (P) licence holder; or
3 - not named as a driver on the schedule

[2] Voluntary Excess is applicable to sports/performance car, theft model and moratorium vehicle in the event of claim.

PREVIOUS INSURER PARTICULARS

Insurer	
Vehicle Registration No.	
Policy No.	
NCD on Policy	0.00 %
Period of Insurance	to

AIG Malaysia Insurance Berhad (795492-W)
Menara Worldwide, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia
Telephone 1 800 88 8811 Facsimile 603 2685 4896

Policy Amendment Form

For Office Use Only

Service Incident No			
Personal Lines	☑ Motor	☐ Personal Property	☐ PLUS
Accident & Health	☐ 01 Individual ☐ 05 Individual Travel	☐ 02 Group ☐ 08 Worksite Marketing	☐ 03 Direct Marketing ☐ 09 Corporate Travel

Policy Details

Policyholder/Insured Name	NETBASE INVENTION SDN BHD		
Policy No	00153012/0	Vehicle Registration No	BPA 8630
Expiry Date	26/10/2018		

Producer Details

Producer Name: DIRECT NIL COM	Code: 02005T.001	Contact No.

Kindly endorse policy to reflect the changes indicated below.

Effective Date | | | Date | | | Month | | | | | Year |

Policy Amendments

☐ Increase/Decrease sum insured to RM_____

☐ Change of plan/occupation class from_____ to _____

☐ Extend period of insurance to expire on _____
For Motor Policy *(extension not exceeding 6 months)*
Vehicle Registration Card enclosed? ☐ Yes ☐ No

☐ Cancellation of policy
Reason: _____
For Motor Policy: For your attention, I am/We are enclosing herewith the following document(s):
- ☐ Original certificate of insurance; or
- ☐ Declaration of loss of certificate of insurance witnessed by a commissioner for oaths

☐ Refund premium:
- ☐ Via GIRO Account (***please complete page 3***)
- ☐ Other (Reason:_____)

☑ Change policyholder/insured details / Other(s)

Type	Details
	To renew with revise sum insured at RM87,000 and maintain others as per previous year policy.

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Below applicable for A&H Group policy only

☐ Addition/Deletion of employee(s) *(Please attach list of employee)*

☐ Change of category of employee(s) *(Please attach list of employee category)*

Below applicable for Motor policy only

☐ Reinstatement/Inclusion/Deletion of additional coverage:

☐ All Drivers ☐ L.L.P. for Acts of Negligence

☐ S.R.C.C. ☐ Windscreen cover @ RM_____

☐ Transfer the rights and benefits of my/our policy to:

Name:		Relationship to insured:
NRIC:	DOB:	Driving Experience:
Occupation:	Marital Status:	Gender:

☐ Inclusion of one named driver:

Name:		Relationship to insured:
NRIC:	DOB:	Driving Experience:
Occupation:	Marital Status:	Gender:

☐ Transfer NCD entitlement from the above policy to vehicle no._____under cover no./policy no. _____

☐ Withdraw NCD entitlement from the above policy

☐ Issue NCD confirmation letter (overseas)

☐ I hereby authorized Mr/Mrs._____NRIC No_____to act/collect on my behalf:-

☐ NCD confirmation

☐ NCD confirmation letter (overseas)

Consent Clause:
I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG and/or its service providers, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG and/or its service providers, and the individual agrees and consents, that AIG and/or its service providers may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG's Privacy Notice.

_____

Policyholder's/Insured's Signature/Company Stamp

Name: Contact No: Date:

For Office Use Only

Referral to Underwriter *: Yes ☐ No ☐

Premium computation (to be completed by Front Counter):

* please refer to Appendix 1 – Policy Amendment Form

Underwriter's Comments:

Prepared by:_____Approved by:_____Date: _____

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