

Behmby
014-724464

THE SCHEDULE

JADUAL

RTD CODE : 13

STAMP DUTY PAID
DUTI SETEM DIBAYAR

ORIGINAL COPY

RAHMAH PACKAGE - PRIVATE CAR EXCLUDING GOODS

M.X.1	
INSURED PEMUNYA ADDRESS ALAMAT	ROSLINDA BINTI TALIB NO 23 TAMAN DESA PERMAI, SUNGAI TERAP, BUKIT PASIR 84300 BUKIT PASIR JOHOR
PERIOD OF INSURANCE TEMPOH INSURANS	
(a) From 17-01-2024 (both dates inclusive) Dan (termasuk kedua-dua tarikh) To 16-01-2025 Hingga (b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. Sebarang tempoh selanjutnya di mana Anda hendaklah membayar, dan Kami hendaklah berseluju menerima premium pembaharuan.	
OCCUPATION/TYPE OF BUSINESS PERNIAGAAN/PEKERJAAN HIRE PURCHASE OWNERS/EMPLOYER'S LOAN SEWA BELI/PINJAMAN MAJIKAN PARTICULARS OF VEHICLE BUTIR-BUTIR KENDERAAN	
Risk Excess / LEBIHAN 0.00 Voluntary Excess / LEBIHAN 0.00	
Make and Type of Body / Buatan dan Jenis Badan PERODUA VIVA 1.0 BASIC-S (AUTO)	
Registration No./Trailer No. / No. Pendaftaran/No. Treler BKV6492	
Engine/Motor No. No. Enjin/Motor L47A18N	
Engine C.C/Horse Power/Tonnage/Watt Cc Enjin/Kuasa Kuda/Tan/Watt 989.00 CC	
Chassis No. No. Casis PM2L251S002114137	
Seating Capacity Muatan Tempat Duduk 5	
Year of Manufacture Tahun Dibuat 2010	
NRIC No./Bus. Regn. No No. Kad Pengenalan/No. Pendaftaran Perniagaan 710411015706	
HP/Phone No. & e-mail No. Telefon Bimbit/Telefon & e-mel 6014-7244844	
Regn. Card No. No. Kad Pendaftaran NA	
Type of Cover Jenis Perlindungan THIRD PARTY, FIRE AND THEFT	
EXTRA COVERAGE RAHMAH PACKAGE COMPASSIONATE FLOOD COVER HOSPITAL INCOME DEATH / PERMANENT DISABLEMENT	
GROSS PREM 342.15 Service Tax 20.53 STAMP DUTY 10.00 TOTAL DUE 372.68 AMOUNT PAYABLE (ROUNDED) 372.70 Act. Akta 329.66 Sum Insured 5,000.00 Sum Insured 5,000.00	

This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto:-
Polisi ini adalah tertakluk kepada pengendorsan yang telah dicetak atau ditambah atau dimasukkan kedalamnya.

A213 RAHMAH PACKAGE (NON-TARIFF)
COMPASSIONATE FLOOD COVER (UP TO RM 3,000)
DEATH / PERMANENT DISABLEMENT OCCURRING WITHIN 180 DAYS OF THE ACCIDENT (SUM INSURED RM5000 PER PERSON)
HOSPITAL INCOME (RM50 PER DAY)
EXCESS ALL CLAIMS

NAMED DRIVERS
1. MY AUTHORISED DRIVERS