

head office

Mezzanine & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan
50200 Kuala Lumpur, P.O. Box 12048
Tel: 03-2070 9226 Fax: 03-2070 4226 / 5226 / 1226

branches network

CUSTOMER SERVICES CENTRE

Mezzanine Floor, Plaza See Hoy Chan
Jalan Raja Chulan, 50200 Kuala Lumpur
Tel : 03-2078 4690 / 4695
Fax : 03-2070 9226

IPOH

C-1-6 & C-1-7, Greentown Square
Jalan Dato Seri Ahmad Said
30450 Ipoh, Perak.
Tel : 05-2428900 / 901 / 902
Fax : 05-2427900

PENANG

Suite 11-01, 11th Floor, M.W.E. Plaza
No. 8 Leboh Farquhar
10200 Penang
Tel : 04-261 9373 / 9473
Fax : 04-262 8067

JOHOR BAHRU

No. 49 Jalan Sulam
Taman Sentosa
80150 Johor Bahru
Tel : 07-334 3305 / 3329
Fax : 07-334 3294

BATU PAHAT

No. 6 Jalan Merah
Taman Bukit Pasir
83000 Batu Pahat, Johor
Tel : 07-434 9895 / 9896
Fax : 07-433 3897

MELAKA

No. 33A Jalan Melaka Raya 24
Taman Melaka Raya
75000 Melaka
Tel : 06-282 1008 / 9699
Fax : 06-281 2100

KOTA KINABALU

Lot 31-2, 2nd Floor, Block-E
Damai Plaza, Phase 3,
Lorong Pokok Kayu Manis
Jalan Damai
88300 Kota Kinabalu
Tel : 088-266 239 / 265 239
Fax : 088-252 239

KUCHING

No. 176, 1st Floor
Jalan Song Thian Cheok
93100 Kuching, Sarawak
Tel : 082-410 092 / 093
Fax : 082-412 092

KUANTAN

No. A-167, Ground Floor
Sri Dagangan, Jalan Tun Ismail
25000 Kuantan, Pahang
Tel : 09-513 9788 / 8733
Fax : 09-513 7989

KOTA BHARU

No. 1328, Ground Floor
Taman Koperatif, Tanjung Chat
Jalan Long Yunus,
15400 Kota Bharu, Kelantan
Tel : 09-743 2646 / 2687
Fax : 09-743 2761

SEREMBAN

No. 120-1, 1st Floor
Jalan Toman 6, Kemayan Square
70200 Seremban, Negeri Sembilan
Tel : 06-761 1533 / 99
Fax : 06-761 1566

KLANG

18A, Jalan Goh Hock Huat
41400 Klang
P.O. Box 173
Tel : 03-3342 6977 / 3341 3691
Fax : 03-3342 9789

MENTAKAB

63A, Jalan Tun Razak
28400 Mentakab
Pahang Darul Makmur
Tel : 09-277 6169 / 6170
Fax : 09-277 6003

driver's & passengers'



MUI Continental Insurance Berhad

(29123-D)

bringing calm after the storm...

Driver's & Passengers' Personal Accident

benefits

1. Death/Permanent Disablement

Payment of principal sum for death or permanent disability due to an accident while in the named vehicle.

2. Medical Expenses

Reimbursement for actual medical expenses incurred due to an accident while in the named vehicle. RM1,000 per occupant per unit purchased per accident.

table of benefits

	Sum Insured for each unit	
	Plan A	Plan B
Accidental Death	RM30,000	RM10,000
Permanent Disablement	RM30,000	RM10,000
Loss of both hands or both feet or sight of both eyes	RM30,000	RM10,000
Loss of one hand and one foot	RM30,000	RM10,000
Loss of either hand or foot and sight of one eye	RM30,000	RM10,000
Loss of either hand or foot	RM15,000	RM5,000
Loss of sight of one eye	RM15,000	RM5,000
The Aggregate of all benefits payable in respect of any one accident shall not exceed	RM30,000 per Occupant	RM10,000 per Occupant

discount

10% discount for additional vehicle registered under the same person. The vehicle number will be endorsed into the same policy.

eligible persons

- 17 years to 65 year olds, renewable up to 70 years old.
- Children aged between 3 and 12 years old are entitled 50% of the benefit of the adult.

Note: Those with occupations in military or Law Enforcement Officers are not eligible.

geographical area

- Within Malaysia and Singapore for Personal Accident.
- Within Peninsular Malaysia excluding the islands except Langkawi and Penang and major towns in East Malaysia for Car Assistance Programme.

exclusions

War, suicide, diseases and infections, childbirth or miscarriage, injuries sustained while the motor vehicle is used for racing, speed testing, road rallying, hire, unlawful or illegal purposes, unqualified and disqualified driver, whilst the driver is under the influence of alcohol and drugs

premiums

Seating Capacity (including Driver)	Plan A Premium	Plan B Premium
Up to 5 per private motor vehicle (per unit up to max 5 units)	RM120.00	RM60.00
Each Additional Seat (per unit up to max 5 units)	RM20.00	RM10.00
Maximum seating capacity is 8 per vehicle		

Please note that if the actual number of persons travelling in the private motor vehicle exceeds the seating capacity chosen, the benefits provided will be reduced proportionately.

Services provided by Europ Assistance Worldwide Service Pte Ltd are outside the scope of the Company's obligations under the policy. The services include 24 Hours Emergency Towing and Roadside Repair, Car Replacement Assistance, Arrangement for Hotel, Accommodation, Referral to Service Centre, Access to Medical Evacuation and Repatriation Services, Referral for Doctors and Hospital and Emergency Message Transmission. Separate Terms and Conditions apply.

Drivers & Passengers Proposal Form

PURSUANT TO SECTION 150(I) 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 may be void.

Name of Proposer :

Passport/NRIC No. :

Date of Birth :

_____ - _____ - _____ (DD) (MM) (YYYY)

Address :

Telephone No :

_____ - _____

Sex : Male Female

Occupation :

Period of Insurance :

From _____ (DD) (MM) (YYYY) to _____ (DD) (MM) (YYYY)

Vehicle Make & Model :

Year made :

Registration No : _____

Seating Capacity : _____

Plan : _____ No. of Units : _____

Do you have Personal Accident or Health Insurance with this or any Company?
If "Yes" please state Companies, types and amount of coverage.

Yes

No

Have you been involved in a motor accident during the past 3 years?
If "Yes" please give details

Do you suffer from any physical infirmity?
If "Yes" please give details

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 authorisation cards.

declaration of proposer

I declare that the above information is true and accurate and no information has been withheld which is to affect acceptance of this application which shall be the basis of the Driver's and Passenger's Personal Accident Insurance Policy and shall be considered as incorporated therein. I understand that the Driver's and Passenger's Personal Accident Insurance Policy comprises of 2 sections; the insurance coverage is underwritten by MUI Continental Insurance Berhad and the Car Assistance Service Programme is provided by Europ Assistance Worldwide Service Pte Ltd. I agree to abide by the terms and conditions of the Insurance Policy and the Car Assistance Service Programme.

Date :



____ - ____ - ____
(DD) (MM) (YYYY)

Signature of Proposer

Where the Proposer is below 18 years old, this Proposal must be signed by his/her Parent/Guardian.

credit card payment

I enclose herewith a cheque for the amount of RM _____
(Cheque No. _____) being premium inclusive of Stamp Duty made payable to MUI Continental Insurance Berhad.

OR Please charge RM _____ to my  

I hereby request and authorise MUI Continental Insurance Berhad to debit my Credit Card Account indicated below the amount (in RM) of the annual premium due as stated below or such other amount including renewal premium as advised by MUI Continental Berhad from time to time under my insurance policy set out below.

Name of Cardmember :

Cardmember's Account No.:

____ - ____ - ____ - ____

Expiry Date :

____ / ____
(MM) (YY)

Total Amount : RM _____

Declaration

I confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep MUI Continental Insurance Berhad informed in writing or by giving fresh standing instructions.

Signature of Cardmember

(Signature must correspond with the Cardmember's signature on the Credit Card)

Date :

____ - ____ - ____
(DD) (MM) (YYYY)