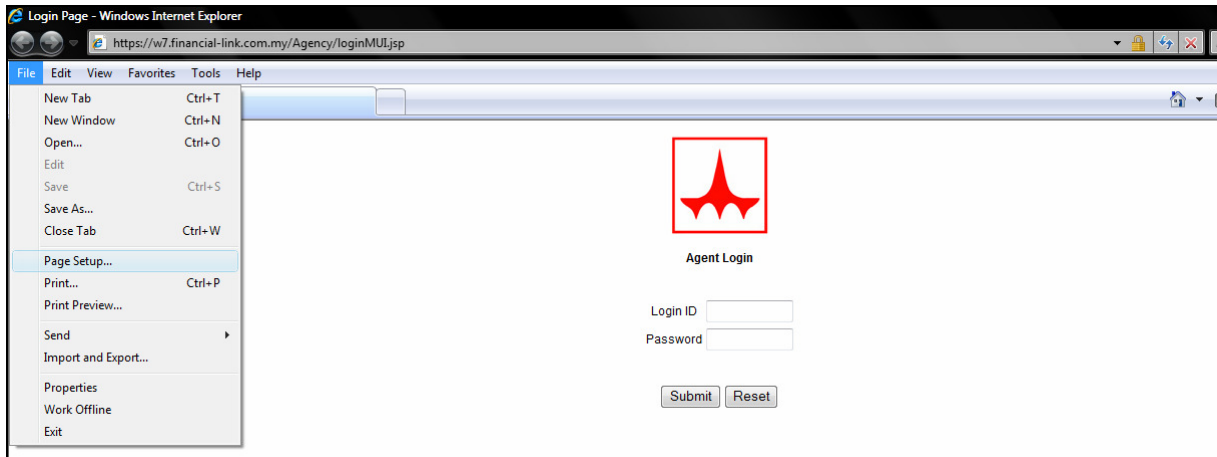


HOW TO ISSUE TRAVEL PA IN FLAS (NON-MOTOR) – for existing FLAS user

1. Browser Setting (For printing purpose) – Please set this once before start printing any Travel PA documents.

a) Internet Explorer

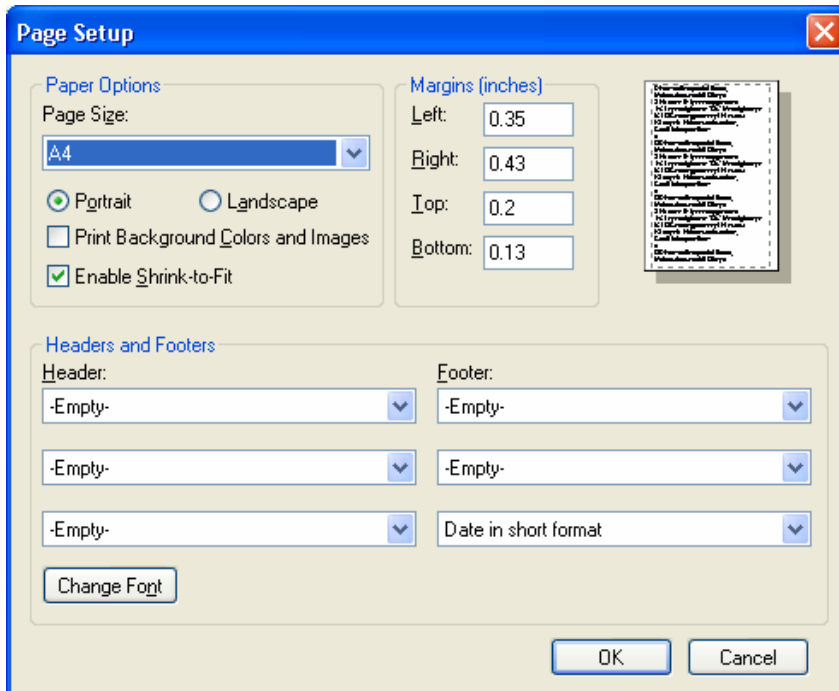
i) Click on File -> Page Setup...



ii) Make sure the "Header" and "Footer" is blank.

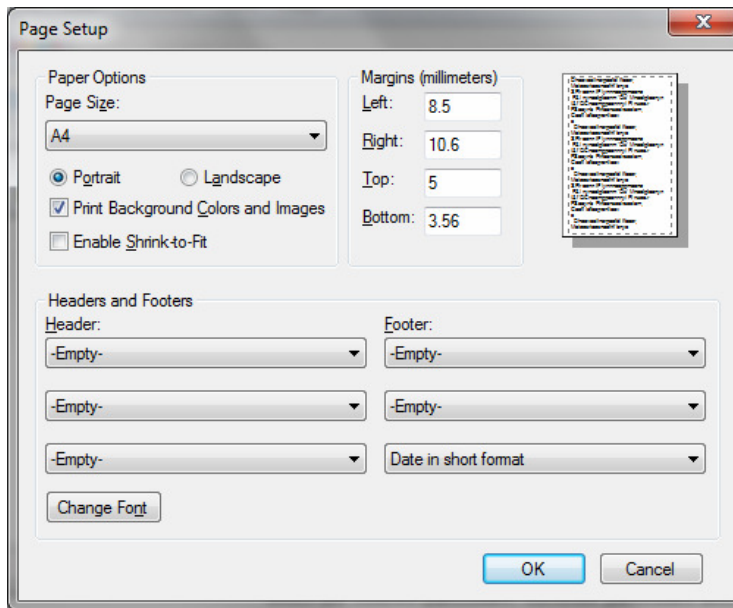
iii) Set the following margins: (This setting is only applicable to Internet Explorer version 7)

- iv) Left : 0.35
- v) Right : 0.43
- vi) Top : 0.2
- vii) Bottom : 0.13



viii) Set the following margins: (This setting is only applicable to Internet Explorer version 8)

Left : 8.5"
Right : 10.6"
Top : 5"
Bottom : 3.56"



2. New Business

- a) In the new business screen, select "Travel Personal Accident". The page contains 3 sections, which are insured particulars, nominee particulars and plan type

Non Motor Product

Class: PERSONAL ACCIDENT

Sub Class: - SELECT -

- SELECT -
- COMMERCIAL VEHICLE DRIVER PERSONAL ACCIDENT
- MOTORCYCLE RIDER PERSONAL ACCIDENT
- NEW DRIVERS & PASSENGERS P.A.
- TRAVEL PERSONAL ACCIDENT**

Next

Done Internet | Protected Mode: Off 100%

- b) Screen below is the Insured Particular section. Fields marked with * are compulsory to generate the quotation/cover note.

TRAVEL PERSONAL ACCIDENT

Insured Details

Issue on behalf of Agent: Agent Code: KLD0023-00 Branch Code: HQ - HEAD OFFICE Verify Agent Code

Calculate Commission: Yes

Policy Holder Name: * YRE

New IC: * 870812-12-1218 Old IC: *

Passport / Others Number: *

Business Registration Number: *

Date of Birth: * 12/08/1987

Gender / Type: * Female

Marital Status: * Single

Occupation: * ACCOUNTANT

Address: * KL

Postcode: * 51200 Town: KUALA LUMPUR

State: * WILAYAH PERSEKUTUAN

Phone Number: * 0 (Mobile) (Office) (Home)

Discount: Yes No 0.00

Nominated/Beneficiary Person Details

Name: *

Address: *

Postcode: *

State: WILAYAH PERSEKUTUAN

New IC: * Old IC: *

Passport/Other IC Number: *

Relationship with policy owner: *

Percentage of share: *

Add

Nominee Details				
Name	New IC	Other IC	Relationship	Percentage
REV	560101-12-0121		MOTHER	100

Update Delete

Done Internet | Protected Mode: Off 100%

- c) The screen below is the Nominee Particular section. Fields marked with * are compulsory to generate the quotation/cover note. After all the nominee details have been fill up, user need to click "Add" button to include the name in the Nominee Details.

Nominated/Beneficiary Person Details

Name: *

Address: *

Postcode: *

State: WILAYAH PERSEKUTUAN

New IC: * Old IC: *

Passport/Other IC Number: *

Relationship with policy owner: *

Percentage of share: *

Add

Nominee Details				
Name	New IC	Other IC	Relationship	Percentage
REV	560101-12-0121		MOTHER	100

Update Delete

- d) Below the nominee menu is the Question column. For the insured that is planning to travel on one way only, user need to select the One way travel as Yes. (***One way cover is applicable to journey up to maximum 3 day period only**)

The screenshot shows a web form with a blue header bar labeled 'Question'. Below the header, there are two dropdown menus: 'One Way Travel' with 'No' selected and 'Reason For Travel' with 'Business' selected. At the top of the form area, there are 'Update' and 'Delete' buttons. At the bottom right, there are 'Back' and 'Next' buttons. The browser's status bar at the bottom shows 'Done' and 'Internet | Protected Mode: Off'.

- e) The screen below is the Plan Type section. In here user can select the plan type according to the scheme and category type. After choosing the scheme and category, user needed to enter the insured detail screen and click “Add” button. If policyholder is the same as insured, user just need to tick the “Please Tick if same as Policy Holder” button and add the insured without re-keying all over again

- f) For plan type selection, user may only be allowed to add insured as per below :
- a. For individual scheme, only 1 insured is allowed to be added
 - b. For individual & spouse, only 2 insured are allowed to be added
 - c. For individual & children or Family plan, no limitation to then number of insured

The screenshot displays the 'TRAVEL PERSONAL ACCIDENT' form. The top navigation bar includes links like 'Motor | Non Motor', 'New Business', 'Renewal', 'Quotation', etc. The main form area has a blue header 'TRAVEL PERSONAL ACCIDENT'. Fields include 'Plan Type' (INDIVIDUAL PLAN), 'Plan Category' (Area 1 - Individual), and 'Period of Insurance' (09/06/2011 until 12/06/2011). A section titled 'Please Enter All Insured Person as Below:' contains a checked checkbox 'Please Tick if same as Policy Holder' and fields for Name (YRE), New IC (870812 - 12 - 1218), Old IC, Passport / Others Number, Date of Birth (12/08/1987), Gender (Female), Marital Status (Single), and Relationship (Self). An 'Add' button is located above an 'Insured Details' table with columns for Name, New IC, Old IC, and Passport / Other Number. 'Update' and 'Delete' buttons are at the bottom. The browser status bar shows 'Done' and 'Internet | Protected Mode: Off'.

g) Quotation Screen:

QUOTATION		TRAVEL PERSONAL ACCIDENT	
Premium Pricing			RM
Basic Premium			32.00
Gross Premium			32.00
- Discount (0.00%)			0.00
Premium After Discount			32.00
+ Stamp Duty			0.00
+ Service Tax (0.00%)			0.00
Gross Due			32.00
- Commission (0.00%)			0.00
Net Due			32.00

ADDITIONAL INFORMATION				
Non-Motor Quotation				
Insured Name	YRE	Contact Address		
New IC	870812-12-1218	Address	KL	
Passport / Others Number	NA			
Business Registration Number	NA			
Date of Birth	12/08/1987	Postcode	51200	
Gender	Female	Town	KUALA LUMPUR	
Marital Status	Single	State	WILAYAH PERSEKUTUAN	
Occupation	ACCOUNTANT			
House Phone Number				
Office Phone Number				
HP Phone Number	0			
Period of Insurance	09/06/2011 until 12/06/2011			

Nominated/Beneficiary Person Details					
No	Name	New IC	Other IC	Relationship	Percentage
Insured Name: NA					
1	REV	560101-12-0121	NA	MOTHER	100

Schedule									
Plan	INDIVIDUAL PLAN								
Plan Category	Area 1 - Individual								
Insured Details	No	Name	New IC	Old IC	Passport/Others Number	Date of Birth	Gender	Marital Status	Relationship
	1.	YRE	870812-12-1218			12/08/1987	Female	Single	SELF

Notice: Quotation Saved.

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3. Documents

- a) Certificate of Insurance (Note that the CI number will always start with KL-P-B1-D-000002, regardless which branch you are) :

Cover Note - Windows Internet Explorer
<https://t1.financial-link.com.my> Agency/branch/cvnote.jsp?cvno=KL-P-B1-D-000002/000014 Certificate Error

Display Cover Note Debit Note Jacket Print Close

C.I. No. : KL-P-B1-D-000002/000014

Certificate of Insurance

MUI TRAVEL PA
IMPORTANT NOTICE

- This certificate together with proof of purchase/bills/documentary evidence must be produced in event of a claim.
- Please notify MUI Continental Insurance Berhad, Mezzanine & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur (Attn: Travel Claims Tel No: (603) 2617 0099 Fax No: (603) 2617 0096 immediately in writing in event of a claim. In no event should a claim be notified later than 45 days after the expiry of this insurance or upon return to Malaysia whichever is earlier.)
- In case of medical emergency, please call Asia Assistance Network Travel Hotline: (603) 7623 3919 for assistance 24 hours anywhere in the world. (Reverse charge calls accepted through international operator)
- Any extension of cover is not allowed during the trip on or after you have departed for your destination.

PARTICULARS OF INSURED PERSON/INSURANCE

Name Of Insured Person	Selected Plan	New NRIC No.	Age	Premium
1 YRE	INDIVIDUAL PLAN	870812-12-1218	23	RM32.00
Total Premium				RM32.00

Address Of first named Insured Person : KL KUALA LUMPUR WILAYAH PERSEKUTUAN **Postcode** : 51200

Tel No (Office) : **Home** : **HIP** : 0

TRAVEL INFORMATION & PERIOD OF INSURANCE
 A journey shall include return to Malaysia during the Period of Insurance except for "One Way" travel.

One Way Travel : () Yes **Reason For Travel** : (X) Business () Leisure/Social

Period Of Travel : From: 09/06/2011 **To**: 12/06/2011

Length Of Trip : 4 Days (both days inclusive) **Area Of Travel** : (X) 1 () 2 () 3

NOMINATION
 Particulars Of Nominees (Listing in according to the numbering of Particulars of Insured person above)

Name Of Nominee	Address	New NRIC No.	Relationship
1 REV	KL 51200 KUALA LUMPUR WILAYAH PERSEKUTUAN	560101-12-0121	MOTHER

In accordance to Section 166 of the Insurance Act 1996, Malaysia, nominee(s) should be spouse, child or parent(s) if there is no spouse or child at the time of making this nomination. A nominee of a muslim policy owner upon receipt of the policy monies shall distribute the policy moneys in accordance with the Syariah law.

DECLARATION
 In consideration of payment of the premium, MUI Continental Insurance Berhad agrees to provide insurance for the Insured Person (s) according to the terms, conditions and exceptions of the Master Policy No. attached.

Not valid unless countersigned by a MUI Personnel or Authorised agent


CEO
 MUI Continental Insurance Berhad

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- b) Jacket :

Cover Note - Windows Internet Explorer
<https://t1.financial-link.com.my> Agency/branch/cvnote.jsp?cvno=KL-P-B1-D-000002/000017 Certificate Error

Display Cover Note Debit Note Jacket Print Close



MUI Continental Insurance Berhad (29123-D)
 Head Office / KL Branch
 Mezzanine Floor & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.
 Tel: 03-2070 9226 Fax: 03-2070 4226 / 2070 5226 E-mail: gpa@mucna.com
 Customer Service Department
 Mezzanine Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia. Tel: 03-2078 4690, 2078 4695 Fax: 03-2072 9226
Branches:
 Penang . Ipoh . Klang . Seremban . Melaka . Batu Pahat . Johor Bharu . K. Bharu . Kuantan . Mentakab . Kuching . K. Kinabalu
 A member of The MUI Group
 In Association with CNA Insurance, USA

TRAVEL PA INSURANCE POLICY

OUR CONTRACT WITH YOU
 This Policy is evidence of the contract between you and MUI Continental Insurance Berhad. We will provide insurance for those sections shown in the Certificate of Insurance during the Period of Insurance and in the terms set out in this Policy. In return You agree to pay Us Your premium and any relevant government charges We bill You. The Policy, Certificate of Insurance and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any one of them shall bear such meaning wherever it appears.

DUTY OF DISCLOSURE
 The information given to Us orally or otherwise and in the proposal confirmation and declaration signed by You forms the basis of this contract. Pursuant to Section 149(4) of the Insurance Act 1996, You must tell Us everything You know or could reasonably be expected to know which will affect our decision to insure You and the terms of the insurance.

PREMIUM WARRANTY
Annual Policy
 It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by Us on Cash Before Cover basis from the Effective Date of this Policy / Endorsement / Certificate of Insurance. If this condition is not complied with then this contract is automatically cancelled and We shall be entitled to the pro-rata premium on the period they have been on risk. Subject otherwise to the Terms and Conditions of this Policy.


Done Internet | Protected Mode: Off

c) Debit Note (Customer Copy):

Cover Note - Windows Internet Explorer

https://tl.financial-link.com.my/Agency/nmshowcvnote.jsp?cvno=KL-P-B1-D-000002/000014 Certificate Error

Display Cover Note Debit Note Jacket Print Close




Head Office: Mezz & 1st Flr, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.
 Tel: 03-20709226
 Fax: 03-20701226/4226/5226
 E-mail: gpa@muticna.com

CUSTOMER'S COPY / SALINAN PELANGGAN

DEBIT NOTE ADVICE

No.	:	KL-P-B1-D-000002/000014
Date / Tarikh	:	09-06-2011
Insured's Name / Yang Diinsurankan	:	YRE
Address / Alamat	:	KL 51200 KUALA LUMPUR WILAYAH PERSEKUTUAN
Type of Policy / Jenis Polisi	:	TRAVEL PERSONAL ACCIDENT
Policy Number / No. Polisi	:	KL-P-B1-D-000002/000014
Period of Cover / Tempoh Insurans	:	from 09/06/2011 to 12/06/2011
Branch / Cawangan	:	HQ
Agency / Ejen	:	KLD0023-00/ HQ
Sum Insured / Nilai Diinsurankan	:	RM 0.00
Premium	:	RM 32.00
Service Tax / Cukai Perkhidmatan	:	RM 0.00
Total Due / Jumlah	:	RM 32.00


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MUI CONTINENTAL INSURANCE BERHAD
 (Company No: 29123-D)

MCI TRAVEL PA INSURANCE
 Worldwide 24 Hours
 Asia Assistance Network
 Travel Hotline :
603-7628 3919

NAME : YRE
 C.I. NO. : KL-P-B1-D-000002/000014
 PERIOD : 09/06/2011 - 12/06/2011




ASIA ASSISTANCE

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d) Debit Note (Agent Copy):

Cover Note - Windows Internet Explorer
 https://tl.financial-link.com.my/Agency/nmshowcvnote.jsp?cvno=KL-P-B1-D-000002/000014 Certificate Error


Display Cover Note Debit Note Jacket Print Close



MUI Continental Insurance Berhad (29123-D)
 Head Office: Mezz & 1st Flr, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.
 Tel: 03-20709226
 Fax: 03-20701226/4226/5226
 E-mail: gpa@muitca.com

AGENT'S
 COPY /
 SALINAN
 EJEK


DEBIT NOTE ADVICE	
No.	: KL-P-B1-D-000002/000014
Date / Tarikh	: 09-06-2011
Insured's Name / Yang Diinsurankan	: YRE
Address / Alamat	: KL 51200 KUALA LUMPUR WILAYAH PERSEKUTUAN
Type of Policy / Jenis Polisi	: TRAVEL PERSONAL ACCIDENT
Policy Number / No. Polisi	: KL-P-B1-D-000002/000014
Period of Cover / Tempoh Insurans	: from 09/06/2011 to 12/06/2011
Branch / Cawangan	: HQ
Agency / Ejen	: KLD0023-00/ HQ
Sum Insured / Nilai Diinsurankan	: RM 0.00
Premium	: RM 32.00
Service Tax / Cukai Perkhidmatan	: RM 0.00
Less Commission / Komisen (0.00%)	: RM 0.00
Total Due / Jumlah	: RM 32.00
KLD0023-00/09-06-2011/16:30:22 This is a computer generated document, no signature is required.	



MUI CONTINENTAL INSURANCE BERHAD
(Company No: 29123-D)

MCI TRAVEL PA INSURANCE
Worldwide 24 Hours
 Asia Assistance Network
 Travel Hotline :

603-7628 3919



ASIA ASSISTANCE

NAME : YRE
 C.I. NO. : KL-P-B1-D-000002/000014
 PERIOD : 09/06/2011 - 12/06/2011