

LOSS OF USE BENEFITS	PLAN		
	SILVER	GOLD	PLATINUM
Motor Vehicle Accident	lump sum of RM500	lump sum of RM1,000	lump sum of RM1,500
Theft	lump sum of RM1,500	lump sum of RM3,000	lump sum of RM4,500
Accommodation (Reimbursement)	RM100	RM200	RM300

Accidental Death & Permanent Disablement	Driver: RM50,000
Hospital Income (Max 100 days per person)	Cash Benefits Driver: RM200 per day Each Passenger: RM100 per day (Maximum 4 passengers)
Medical (Reimbursement)	Up to RM1,000 per person (Driver and maximum 4 passengers)
Bereavement Benefits	RM5,000 per person (Driver and maximum 4 passengers)

Annual Premium per vehicle	RM120	RM160	RM200
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PROPOSAL FORM

MOTOR MULTISHIELD PLUS

Name

Residence

Address

Post Code State

E-mail Address

I/C No. - - Occupation

Contact No. (Office) - (House) -

Vehicle Reg. No. Make/Model

Year of Make Period of Insurance from - - to - -

Comprehensive Coverage Yes No

CHOOSE YOUR PLAN

Please tick: **SILVER : RM120** **GOLD : RM160** **PLATINUM : RM200**

YOUR CHOICE OF PAYMENT

A) **Cash**

B) **Cheque/Bankdraft No.**

_____ **for RM** _____ **is enclosed herewith.**

Note: Please make cheque/bankdraft payable to RHB Insurance Berhad.

C) **Credit Card** Please Debit my VISA MASTERCARD

Account for RM _____

Account no: - - -

Expiry Date: - -

Signature of Cardholder: _____

Declaration:

I am the registered owner of the private car which is covered under comprehensive motor insurance coverage issued in Malaysia.

Signature of Proposer _____ Date - -

For office use only Cover Note No. _____ Date Received - -

Important:

Pursuant to Section 149 (4) of the Insurance Act 1996, we hereby give you notice that under Section 150(1) of the Act, you are to disclose in this proposal form, fully and faithfully, all material facts you know or ought to know, otherwise the Policy issued hereunder may be void.