

1st April, 2010.

Workshop Registration No.
(For PIAM Use Only)

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PERSATUAN INSURANS AM MALAYSIA
(General Insurance Association of Malaysia)

APPLICATION FORM
FOR THE
PIAM APPROVED REPAIRERS SCHEME (PARS)

SECTION A - MINIMUM REQUIREMENTS

1. Please note that the Applicant meeting the below requirements does not mean an automatic approval of the application under the PARS.
2. The Applicant must possess the minimum requirements as follows before submission of the application. Applicants who do not possess the following are not eligible to apply:-

2.1 Company Status

Applicants must be a corporate company (Sdn Bhd/Berhad) incorporated under the Companies Act, 1965 with minimum paid up capital of RM50,000 and minimum shareholders fund of RM100,000.

2.2 Tools and Equipment

- | | |
|---|--|
| a) Air Compressor | g) Spray Painting Booth (Must equip with Oven and Vacuum System) |
| b) Hydraulic Floor Jack or Service Floor Jack | h) Blow Torches with Gas Cylinders |
| c) Chassis Aligner - with proper anchoring system | i) Four Post Hoist or Two Post or Scissor Lift |
| d) Mig Welding Set | j) Rotating Engine Stand or Engine Washing tank |
| e) Spot Welding Set | k) Portable Lubricators |
| f) Aluminium Welding Set (optional) | l) High Pressure Cleaner |

2.3 Experienced Manpower

- | |
|---|
| a) Technical Staff - (Minimum 5 staff): 2 Mechanics/Foreman, 2 Spray Painters, 1 Panel Beater |
| b) Admin Staff – (Minimum 2) |

2.4 Site Area

- a) Total Working Area including office space, customer waiting area, parts storage and repair area – Minimum 8,000 sq. ft.
- b) Admin Office Area (Minimum 200 sq. ft)
- c) Customer Waiting Room Area (Minimum 200 sq. ft)
- d) Engine Repair Room (Minimum 1)
- e) Lubrication Bay (Minimum 1)
- f) Spray Painting Sanding Area (Minimum 2)
- g) Repair Bay (Minimum 3)
- h) Repair Area (Mechanical) (Minimum 2)
- i) Parts Storage Room
- j) DOE Compliance on toxic waste
- k) Accessibility to workshop (not more than 1.5 km from any main road)

2.5 Facilities

- a) Cemented workshop flooring
- b) Vehicle Storage Facilities (Minimum 5,000 sq. ft., gated and guarded and not more than 3kms from workshop)

2.6 Security at Workshop

Workshop must have proper security and premises must be properly secured overnight.

2.7 Communication

- a) Office equipment such as computer, printer, fax and scanner
- b) Internet and valid e-mail address (own domain address eg. abc@workshopname.com.my)
- c) Fixed telephone line is compulsory
- d) Breakdown assistance

2.8 Housekeeping

- a) Safe and clean environment

2.9 Insurance Cover Requirements

2.9.1 Basic Fire Insurance

- to cover stock in trade including customers motor vehicles.
- minimum sum insured of RM300,000.00 or per Adjusters recommendation, whichever is higher.

2.9.2 Public Liability

- Policies must be specifically endorsed to cover customers' vehicles in the custody of workshop
- minimum sum insured/limit of Indemnity of RM300,000.00 or per Adjusters recommendation, whichever is higher

2.9.3 Burglary Insurance

- Policies must be specifically endorsed to cover customers' vehicles held in trust.
- minimum sum insured of RM300,000.00 or per Adjusters recommendation, whichever is higher

Applicants must notify the Association in writing immediately of any changes such as cancellation and/or reduction in the sum insured/limit of indemnity of the above policies.

2.10 Subscription to the Centralized Database on Motor Parts Prices and Labour Times (MRC Database)

It is a pre-requisite requirement that the applicant must be linked to MRC Database to be eligible to apply. For further information on subscribing to the MRC database, please contact:-

Motordata Research Consortium Sdn Bhd
Level 13, Hei Tech Village
Persiaran Kewajipan, USJ 1
UEP Subang Jaya
47600 Selangor

Tel. (603) 80268888
Fax (603) 80241052
Web-site - www.e-mrc.com.my

3. Applicant must have current and valid business licences, Municipal licence, insurance policies which are to be submitted together with the completed Application Form.
(Applicants are required to submit to PIAM the renewal copies of these documents as and when due).
4. Statutory Declarations as per Appendix 1 must be submitted by owners, directors, shareholders, officers and employees of the applicant.

5. It is a condition of the PARS application that the assignment of the loss adjuster to conduct the inspection and to prepare the adjuster's report shall be at the discretion of PIAM.
6. Inspection of your workshop and submission of an adjuster's report on your workshop in the specified form by a licensed adjuster is MANDATORY.
- a) The adjuster's report CONSTITUTES an important part of the processing requirements of your application.
 - b) Inspections will only be assigned after receipt of the completed application form together with required documents from the applicant.
 - c) The inspection fee as mentioned under item 7 (a) (ii) for new applicants and 7 (b) (i) for renewal applicants is chargeable for the inspection inclusive of adjuster's report. This fee shall be borne by the Applicant. Payment for the inspection and adjuster's report MUST be made payable to the Association.
 - d) The original copy of the adjuster's report will then be submitted direct by the adjuster to PIAM for consideration.
7. The following fees shall be charged by PIAM :-

a) New Application

- i) Application/Processing Fee - RM 100.00
- ii) Inspection Fee - RM 689.00 (including 6% service tax)
- iii) Annual fee - RM 500.00 (payable upon successful admission on to PARS)

The fees mentioned under item (i) and (ii) above MUST be made payable to “Persatuan Insurans Am Malaysia” in two separate payments and forwarded together with the Application form.

b) Renewal Application

- i) Bi-Annual Inspection Fee - RM 689.00 (including 6% service tax)
- ii) Annual fee - RM 500.00 (payable upon successful admission on to PARS)

The fees mentioned under item b (i) above MUST be made payable to “Persatuan Insurans Am Malaysia” upon request.

Please take note that no further additional fees/payments shall be required for this application.

SECTION B - TERMS AND CONDITIONS

1. Repairers who are approved under the PARS will be required to be inspected a minimum of once every 2 years.
2. The Association or its representatives shall have the right to inspect your workshop at any time without any prior notice. If the inspection findings do not conform with the particulars listed in your original PIAM application (and such change has not been notified to and approved by PIAM or is not an improvement) and/or your workshop is found to be indulging in any malpractices (as has been stipulated in your approval letter), the Association reserves the right, in its absolute discretion, to suspend and/or terminate your approval for such time period as PIAM deems appropriate. In such event you shall forthwith cease to carry out repair to accident vehicles for insurance companies upon receipt of the Association's written notification. Such notification if sent by prepaid post would be deemed to be received on the 5th day after the posting.
3. Please take note that the selection of repairers under the PARS is done through a balloting exercise involving all the PIAM member companies. For your information any applying repairer which receives two (2) or more vetoes in the balloting exercise will be rejected or excluded from the PARS.

The reasons for objection by member companies are within the following parameters :-

- a) Intentional fraudulent claims.
- b) Aggressive or threatening behaviour against a vehicle owner or staff of insurance company.
- c) Keeping possession of stolen vehicles or property.
- d) Unauthorised towing or retention of vehicles without the insured's or insurer's approval.
- e) Sub-contracting of repairs to any other workshop or fronting for any unapproved workshop.
- f) Other specific reasons by member companies.

PIAM is not obliged to give any reasons, whatsoever, for the rejection or exclusion of a workshop regardless of new or renewal applications.

4. PIAM shall be entitled to release or disclose:-
 - (a) any or all information provided pursuant to this applications;
 - (b) any or all information derived from the balloting exercise referred to above;
 - (c) the results of the balloting exercise referred to above;

to PIAM member companies and any governmental and/or regulatory and/or enforcement authority whether requested or otherwise and lodge any reports with such governmental and/or regulatory and/or enforcement authority in relation to the matters referred to in (a) and/or (b) and/or (c) above. No action or claim whatsoever may be brought or demand or compensation however sought by or on behalf of the Applicant against PIAM and/or PIAM member companies or any of them on any such release, disclosure or lodging of reports.

5. In the event any of the Directors/Shareholders/Officers of the company has been declared a bankrupt or insolvent, the Association reserves the right, in its absolute discretion, to refuse your application or suspend and/or terminate your approval for such time period as PIAM deems appropriate.

6. Workshops de-listed under item 3 including their Directors, Shareholders and Officers shall NOT BE eligible to apply to join PARS for a minimum period of 2 years from the date of delisting. In the event that such persons listed above are found to have an interest, whether legal or beneficial in any workshop, PIAM shall be entitled to suspend and/or terminate your approval for such time period as PIAM deems appropriate.

7. Your PARS status will be reviewed annually.

For this purpose, the information on your workshop will be included in the next due balloting exercise. The renewal shall be based on the information available in the record of PIAM as may be amended from time to time with any notifications from the repairer.

The result of the balloting exercise will be notified to the repairer accordingly.

8. A certificate will be issued by PIAM on your successful application. The Certificate issued shall be valid for a period of one year from the date of approval unless suspended or cancelled earlier as provided hereinafter.

9. PIAM has the right to suspend you from the PARS in the event of any complaint from any member of the public or insurance companies that you are engaged in any of the following events :-

- a) Intentional fraudulent claims.
- b) Aggressive or threatening behaviour against a vehicle owner or staff of insurance company.
- c) Keeping possession of stolen vehicles or property.
- d) Unauthorised towing or retention of vehicles without the insured's or insurer's approval.
- e) Sub-contracting of repairs to any other workshop or fronting for any unapproved workshop.
- f) Other specific reasons by member of the public or insurance companies.

After due inquiry, PIAM has the right to terminate you from PARS if you are found guilty of the complaint. PIAM's decision will be final and PIAM is not obliged to give any reason whatsoever, for the suspension or termination of your workshop from PARS.

10. You are hereby advised that it is mandatory that your authorized tow truck operator/call man who arrive at the site of accident to take photographs of the accident of all vehicles involved with the number plates and severity of damages to the vehicles (before towing). Photos must show both the direction of the road with the demarcation line of the road. You are also requested to take photographs of injured passengers (third party vehicles).

You are to provide the name and identification card number of the person taking the photographs. For this purpose, you are required to duly complete Appendix II as attached and forward to the insurer concerned together with the photographs.

You are also required to provide the photographs upon request by the insurers involved even in cases where the accident vehicles are later towed to another workshop for repair.

11. PIAM will implement grading system in the near future. Grading of workshop would among others be based on the following criteria - location, construction, paid-up capital, tools/equipment, skilled and number of experienced employees, the number of objections in the balloting exercise and also the number of complaints received are taken into consideration. Decision of the Association on the grading is final. Grading of workshop would be reviewed from time to time.

12. No fronting of body repairs and spray painting of any damaged vehicle on behalf of any workshops.
13. A warranty period of 6 months shall be given by the workshops on the repaired vehicles.
14. Separate application must be submitted for branches under this application form.
15. Workshop providing only servicing of vehicles without collision repairs and motorcycle workshops are excluded from the PARS and need not apply.
16. PIAM has a right to impose any additional terms and conditions and/or to alter any existing terms and conditions as PIAM deems appropriate from time to time by giving 21 calendar days notice of such additional and/or alterations of the terms and conditions.
17. All completed applications (including supporting documents) must be submitted to:
Persatuan Insurans Am Malaysia
3rd Floor Wisma PIAM,
150, Jalan Tun Sambanthan
50470 Kuala Lumpur.

NOTE

PIAM RESERVES ITS ABSOLUTE RIGHT TO REJECT OR APPROVE ANY APPLICATION MADE. COMPLETION OF THE APPLICATION DOES NOT IMPLY OR ENSURE APPROVAL OF THE APPLICATION UNDER PIAM APPROVED REPAIRERS SCHEME.

ANY APPLICATION FORM SUBMITTED WITHOUT THE REQUISITE INFORMATION AND SUPPORTING DOCUMENTS SHALL NOT BE PROCESSED UNTIL ALL SUCH REQUIREMENTS ARE MET.

8 OWNERSHIP AND KEY PERSONEL

A) Directors/Shareholders/Officers :-

Name	New I/C No.	No. of Years of related business experience

B) Experienced Manpower (Technical Staff)

<u>MANAGER</u> Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>ENGINEERS</u> Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>MECHANIC/FOREMAN</u> Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>SPRAY PAINTERS</u> Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>PANEL BEATERS</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>WELDERS</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>WIREMAN</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>ADMINISTRATION STAFF</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

Note:-

- 1 Passport size photographs to be enclosed.
- 2 Statutory Declaration based on Appendix I attached to be submitted by all owners, directors, shareholders, officers and employees of the applicant.
- 3 Please provide copies of certificate, if technical staff possess MLVK and/or professional automobile accreditation.

9 SITE AREA

a) Location

Light Industrial Area Shophouse Other, please specify _____

b) Accessibility to workshop (not more than 1.5km from any main road. Please state _____ km

c) Accessibility : Is it easily accessible? _____

YES NO If No, please comment _____

d) Construction of Workshop

i) Land Area _____ sq. feet

ii) Built up Area _____ sq. feet

iii) Type of Wall _____

iv) Type of Roof _____

v) Type of Flooring _____

e) Premises

Owned Rented

If rented, please provide name of owner/company :

- | | Yes | No |
|---|--------------------------|---|
| f) Does the workshop have minimum 8,000 sq ft. | <input type="checkbox"/> | <input type="checkbox"/> Please state _____ sq. ft. |
| g) Admin Office Area | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state _____ sq. ft. |
| h) Customer Waiting Room Area | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state _____ sq. ft. |
| i) Engine Repair Room | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state no. of rooms _____ |
| j) Lubrication Bay | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state no. of bay(s) _____ |
| k) Spray Painting Sanding Area | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state no. of areas _____ |
| l) Repair Bay | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state no. bay(s) _____ |
| m) Repair Area (Mechanical) | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state no. of areas _____ |
| n) Parts Storage Room | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please state no. of rooms _____ |
| o) Certificate of DOE Compliance on toxic waste | <input type="checkbox"/> | <input type="checkbox"/> If Yes, please provide copy of certificate |

p) Housekeeping (floor area)

Dirty/Messy Moderate Safe and clean environment

Remarks, if any _____

a) Workshop flooring? Please tick on (✓) appropriate box below.

Cemented Cemented & partly Rubberize Cemented & partly Epoxy

b) Off-site vehicle storage facilities (min. 5,000 sq.ft., gated and guarded and not more than 3km from workshop)

i) Area sq. ft. address, _____

Yes No

ii) Gated

iii) Guarded

iv) If above 5,000 sq.ft. gated and guarded and not more than 3 kms from workshop.

Please state _____ sq. ft. and _____ km

c) Storage capacity at workshop location? Yes No If Yes, please state area _____ sq. ft.

If it is less than 5,000 sq.ft., please state off-site storage facility (minimum 5,000 sq.ft., gated and guarded and not more than 3 km from workshop)

No. of vehicles _____ Covered _____ Not Covered

11 SECURITY AT WORKSHOP

Please tick (✓) Yes/No on the following:-

a) Are you the sole occupier?

Yes No

If no, please give details of other occupants and construction of partitions.

b) How long the premises has been occupied by you? _____

c) Do you employ any security guards/watchmen/caretaker at your workshop? Yes No

24 Hours Day time Night time

Yes Yes Yes

No No No

If security is available, please state whether the guards are employed from a security firm or own employee :-

Security Firm Own employed guards

Please state the number of guards on duty _____

i) Proper fencing

- With fencing but poor condition
- Not all customers vehicle parked inside compound
- All customers vehicle parked inside compound

ii) Brick perimeter fencing

- Not all customers vehicle parked inside compound
- All customers vehicle parked inside compound

e) Is there any operational fire and burglar alarm system installed? Yes No

In working condition without Central Monitoring System

In working condition with Central Monitoring System

f) External lightings provided at night?

Dim/Dark Bright Flood light

g) Communication facilities provided for guards? Yes No If Yes, please tick below

Telephone, Mobile or Walkie Talkie

High-tech equipment eg. Web based CCTV, Others please state _____

h) Security pass procedures Yes No If Yes, please tick below

Operate by own employed staffs/guards Operate by professional uniform guards

12 COMMUNICATION

a) Office equipment :

- | | Yes | No | |
|-------------|--------------------------|--------------------------|----------------------------|
| i) computer | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, no. of units _____ |
| ii) printer | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, no. of units _____ |
| iii) fax | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, no. of units _____ |
| iv) scanner | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, no. of units _____ |

b) Internet and valid e-mail address Yes No If Yes, please state email address _____

c) Fixed telephone line Please state telephone no(s). _____

d) Breakdown assistance Sub-contract Day time 24 hours

(Copies of policies must be enclosed)

Please tick (/) against "Yes/No"

a) Basic Fire Insurance
(YES / NO)

(To cover stock in
in trade including
customers motor
vehicles)

Sum Insured :

Policy No. :

Period of Insurance :

Insurance Company :

b) Public Liability
(YES / NO)

(Policies must be
specifically endorsed
to cover customers'
vehicles in the
custody of workshop)

Limit of Indemnity :

Policy No. :

Period of Insurance :

Insurance Company :

c) Burglary Insurance
(YES / NO)

(Policies must be
specifically endorsed to
cover customers'
vehicles held in trust)

Sum Insured

Policy No

Period of Insurance

Insurance Company

NATURE OF WORK/SERVICES CARRY OUT/PROVIDED AT YOUR WORKSHOP

	YES	NO	Additional notes
Welding	YES	NO	_____
Panel Beating	YES	NO	_____
Body Repair	YES	NO	_____
Spray Painting	YES	NO	_____
Car Wash & Polish	YES	NO	_____
24 Hours Towing	YES	NO	_____
Engine Service & Repair	YES	NO	_____
General Overhaul	YES	NO	_____
Electric Wiring	YES	NO	_____
Wheel Alignment	YES	NO	_____
Exhaust System	YES	NO	_____
Tyre Balancing	YES	NO	_____
Air Conditioning	YES	NO	_____
Cushion Upholstery	YES	NO	_____
Battery Delivery/Inspection	YES	NO	_____
Insurance Claims Service	YES	NO	_____
Fleet Maintenance	YES	NO	_____
Vehicle Valet & Inspection	YES	NO	_____
Truck Repair & Maintenance	YES	NO	_____

15 PROCESSING/SURVEY/INSPECTION/ANNUAL FEE

Enclosed herewith the following payments:-

- I) Processing Fee : Money Order/Postal Order/ Cheque No. _____ for amount of RM _____
- II) Inspection Fee : Money Order/Postal Order/ Cheque No. _____ for amount of RM _____

Note : Application/Processing Fee RM 100.00
 Inspection Fee RM 689.00 (including 6% service tax)
 Annual Fee RM 500.00 (payable upon admission to PARS)

16 SUPPORTING REQUIRED DOCUMENTS

The following supporting required documents must be submitted together with the duly completed application form:-

CHECKLIST

YES NO

- | | | | |
|---|--|--------------------------|--------------------------|
| a | Copies of valid business licences, Municipal licence, insurance policies | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Statutory Declaration as per Appendix I together with passport size photographs to be submitted by all directors, shareholders and employees of the applicant. | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Sketch plan of workshop and location map of workshop. | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Photographs showing clearly the front view of the workshop with the signboard clearly displayed together with photograph indicating the capacity and facilities of the workshop. | <input type="checkbox"/> | <input type="checkbox"/> |
| e | Form 9,24, 49 and 32A (if applicable) for Private Limited Company/Public Company. | <input type="checkbox"/> | <input type="checkbox"/> |
| f | Copy of Memorandum and Articles of Association. | <input type="checkbox"/> | <input type="checkbox"/> |
| g | Copy of latest Audited Accounts. | <input type="checkbox"/> | <input type="checkbox"/> |

17 APPLICANT'S DECLARATION

I/WE HEREBY:-

- (a) declare that the above information and statements submitted by me/us are true and correct.
- (b) note that the registration of my/our workshop with the Association as an Approved Repairer is on an ANNUAL basis.
- (c) undertake to notify the Association of any changes either in the ownership, personnel of the workshop or location of premises both during the period whilst this application is pending approval and if approved any time in the course of the year.
- (d) agree to pay Annual fee upon successful selection in the PARS.

Witness

Signature: _____ Signature: _____

Name: _____ Name: _____

I.C. No: _____ I.C. No: _____

Date: _____ Date: _____

Company: _____

STATUTORY DECLARATION

I, being of full age and Malaysian nationality do solemnly and sincerely declare that:-

1. My personal particulars are as follows:-

- Name :
- I/C No :
- Sex :
- Residential Address :

2. I have not been declared a bankrupt or insolvent.

3. I have not been arrested, charged, convicted or imprisoned for any crime whether within or without Malaysia for any offence in respect of the Panel Code or any other statutory provision.

4. I have not been involved in any fraud or dishonesty punishable on conviction with imprisonment for three months or more.

5. I have not defaulted in the repayment on any loan, security, pledge, guarantee, mortgage, lease hire-purchase or any other contract taken from any financial institutions.

And I make this solemn declaration believing the same to be true, and by virtue of the provisions of the Statutory Declaration Act. 1960.

Subscribed and solemnly declared)
 by the above named)
 atin the.....)
 thisday of.....)

Before me,

(i) To be declared by all directors/shareholders and employees of workshop.

(ii) All Statutory Declarations must be declared before a Commissioner for Oaths and stamped.

Appendix II

DECLARATION OF PERSON TAKING PHOTOGRAPH AT SCENE OF ACCIDENT

I, (insert name)

I/C No..... representing (name of workshop).....

..... confirmed that I have taken the photographs

provided below on(insert date) on(insert time)

at.....(insert location):-

(a) Photographs of the vehicles involved with the number plate and severity of damages to the vehicles. Photos must show both the direction of the road with the demarcation line of the road

(b) Photographs of the injured passengers (third party vehicles)

.....
Signature

.....
Date