

Vehicle Protection Program



CUSTOMER ORDER FORM

SECTION A – CUSTOMER DETAILS

Name (as in NRIC): _____

NRIC Number / Passport Number (Non Malaysian Only): _____

Correspondence Address: _____

Contact Number: HP: _____

Office: _____ Home: _____

Fax No: _____

Email: _____

Authorized 2nd Contact Name: _____

2nd Contact HP No: _____

Insured person* (Theft / Hijack PA): _____

* Kindly nominate one person as an insured to be covered under free Theft / Hijack Personal Accident. Age of insured shall be between 18 years to 70 years.

SECTION B – VEHICLE DETAILS

Vehicle Make & Model: _____

Vehicle Registration Number & Color: _____

SECTION C – AGENT / BRANCH DETAILS

Name: _____

Agent / Branch Code: _____

NRIC: _____

Address: _____

Contact Number : HP: _____

Agent Signature: _____

SECTION D – PAYMENT DETAILS

Payment via Credit Card (Agent to verify details and signature of cardholder)

Card Number: _____

Name on Card: _____

Transaction Code: _____

Issuing Bank & Expiry Date (mm/yy): _____

CVV Number (Last 3 digits on the back of Credit Card): _____

Payment via Cheque

GPS TECH SOLUTIONS SDN BHD
Account Number: **507068121911 (Maybank)**

Transaction Number: _____

Cheque Number: _____ Date: _____

Issuing Bank: _____

Cheque Amount & Date Bank In: _____

Payment via Cash

GPS TECH SOLUTIONS SDN BHD
Account Number: **507068121911 (Maybank)**

Transaction Number: _____

Total Amount Collected: RM _____

1. I hereby declare, the information given is true and complete.
2. I hereby authorise my credit card to be charged by GPS Tech Solutions Sdn. Bhd. upon receiving my purchase request.

Customer Signature (as per credit card): _____

Date: _____ Time: _____

All Installation appointments are upon clearance of cheque, verification of credit card or financing approval/payment

Please Fax Bank Transaction Slip to
03-77257351

I, as mention above hereby declare that I subscribe to the services provided by GPS Tech Solutions Emergency Service Centre (ESC) and the above information is true and correct. I agree o be bound to the terms and conditions as printed overleaf or any amendments made thereto.

Name: _____ Date: _____

Disclaimer : Please call our toll free 1300 88 8372 for your exclusive password upon installation. Alternate contact person mobile number and name is compulsory, due to any event of emergency or trigger of sensor, Control Center is able to communicate with the authorized second contact in the event of failure to contact the primary person.