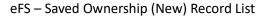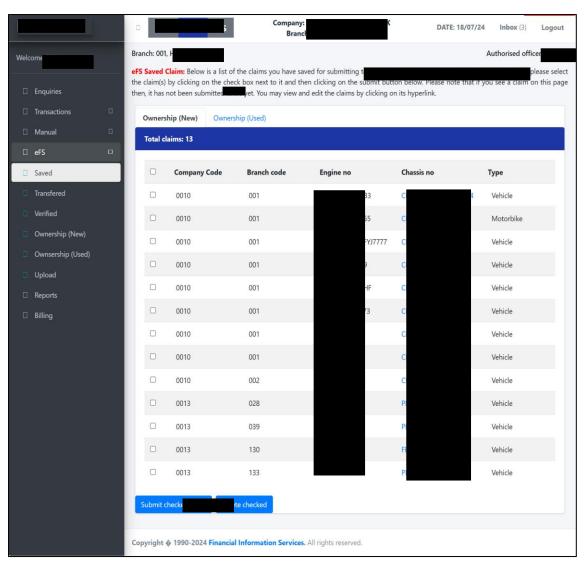Screen being black-out because of the sensitivity and security requirements.

eFS – Saved Ownership (New) Record List

Welcome

- Enquiries
- Transactions
- Manual
- eFS
  - Saved
  - Transfered
  - Verified
  - Ownership (New)
  - Ownsership (Used)
  - Upload
  - Reports
  - Billing

Company:
Branch

DATE: 18/07/24   Inbox (3)   Logout

Branch: 001, H   Authorised officer

eFS Saved Claim: Below is a list of the claims you have saved for submitting t   please select
the claim(s) by clicking on the check box next to it and then clicking on the submit button below. Please note that if you see a claim on this page
then, it has not been submitted   yet. You may view and edit the claims by clicking on its hyperlink.

Ownership (New)   Ownership (Used)

Total claims: 13

	Company Code	Branch code	Engine no	Chassis no	Type
☐	0010	001	33	C 4	Vehicle
☐	0010	001	55	C	Motorbike
☐	0010	001	FYJ7777	C	Vehicle
☐	0010	001	9	C	Vehicle
☐	0010	001	HF	C	Vehicle
☐	0010	001	73	C	Vehicle
☐	0010	001		C	Vehicle
☐	0010	001		C	Vehicle
☐	0010	002		C	Vehicle
☐	0013	028		P	Vehicle
☐	0013	039		P	Vehicle
☐	0013	130		F	Vehicle
☐	0013	133		P	Vehicle

Submit checke   te checked

eFS – Saved Ownership (Used) Record List

	Company Code	Branch code	Engine no	Chassis no	Type
☐	0010	001			Vehicle
☐	0010	001			Motorbike
☐	0010	001	6ER45		Vehicle
☐	0010	001			Vehicle
☐	0010	001	44		Vehicle
☐	0010	001			Vehicle
☐	0010	001			Vehicle
☐	0010	001			Vehicle
☐	0010	002			Vehicle
☐	0013	028			Vehicle
☐	0013	039			Vehicle
☐	0013	130			Vehicle
☐	0013	133			Vehicle

Total claims: 13

Ownership (New) | **Ownership (Used)**

eFS Saved Claim: Below is a list of the claims you have saved for submitting ... ease select the claim(s) by clicking on the check box next to it and then clicking on the submit button below. Please note that if you see a claim on this page then, it has not been submitted to ... may view and edit the claims by clicking on its hyperlink.

- Enquiries
- Transactions
- Manual
- eFS
  - Saved
  - Transfered
  - Verified
  - Ownership (New)
  - Ownsership (Used)
  - Upload
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  - Billing

DATE: 18/07/24   Inbox (3)   Logout

Authorised officer

Submit checked   Delete checked

eFS – Ownership (New) Entry Screen

Branch: **Authorised office**

eFS Ownership claim entry - New Please fill out the fields below where applicable to complete the claim successfully. The fields denoted with a * are required inputs.
For additional help with filling out **Ownership claim** please click here

Menu:
- Enquiries
- Transactions
- Manual
- eFS
- Saved
- Transfered
- Verified
- Ownership (New)
- Ownsership (Used)
- Upload
- Reports
- Billing

Form fields:
- Branch:
- * Type
- * Transaction code
- * Name of hirer / borrower
- * Dealer Name
- Business reg. number
- * Business code
- Postal Address
- Email Address
- Mobile Number
- Contact Number
- Delivery Mode
- * Dealer State
- * Dealer City
- Vehicle Description
- * Vehicle registration number
- * Engine number
- * Chassis number
- Log book number
- * Date of agreement (ddmmyyyy)
- * Tenor
- * HP Serial number
- * Vehicle Make code
- * Vehicle Family code
- Vehicle Status
- * Manufacture Year
- * Vehicle Model
- * Selling Price (RM)
- Country of Origin
- AP Holder

[Save Claim] [Delete] [Cancel]