Allianz General Insurance Company (Malaysia) Berhad (735426-V)

Allianz ⑪

ATM Shield Proposal Form

Allianz General Insurance Company (Malaysia) Berhad ('Company') is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia ('BNM').

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **wholly for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

Non-consumer Insurance Contract

Pursuant to Paragraph 4 (1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **for purposes related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into varied or renewed with us any of the information given is inaccurate or has changed.

You should ensure that this Proposal Form is completed correctly as it forms the basis of the Insurance Contract. This basis of contract clause shall not apply if you are an individual applying for this insurance wholly for purposes unrelated to your trade, business or profession.

This Proposal Form shall form part of the Policy Contract. Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from the Company if necessary.

The liability of the Company does not commence until acceptance of the proposal form has been intimated by the Company or policy has been issued.

Period of Insurance :

From | D D – M M – Y Y Y Y To D D – M M – Y Y Y Y

Agent Code :

Please complete in CAPITAL LETTERS/Tick ☑ in the appropriate boxes.

PART 1 - PARTICULARS OF PROPOSER

Salutation	☐ Mr. ☐ Madam ☐ Miss ☐ Others (please specify)
Name	
Address	
☐ Non-residential	
☐ Residential	
Postcode	City
State	
Country	
Mobile No.	___ – ___ Phone No. ___ – ___
e-mail	
ID Type	☐ Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army Gender ☐ Male ☐ Female
ID No.	
Date of Birth	___ – ___ – ___ Marital Status ☐ Single ☐ Married ☐ Divorce/Widowed
Nationality	☐ Malaysian ☐ Others (please specify)
Occupation	

PBPFE13100

PART 2 - GOODS AND SERVICES TAX ('GST') RELATED QUESTIONS

1.	Are you registered for GST? If Yes, please provide:	☐ Yes ☐ No (a) GST Registration Date : ☐☐ – ☐☐ – ☐☐☐☐ (b) GST Registration No. : ☐☐☐☐☐☐☐☐☐☐☐☐
2.	If you are a business entity, are you a sole proprietor? If Yes, is the subject matter insured for:	☐ Yes ☐ No ☐ Business ☐ Non-business ☐ Both
3.	Where is your current/usual place of residence?	☐ Malaysia ☐ Outside Malaysia

PART 3 - PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK ☑ PLAN SELECTED

Plan	Premium (RM)
☐ Plan A RM53.00 ☐ Plan B RM95.40	
Stamp Duty (RM)	10.00
Total Premium including GST and Stamp Duty (RM)	
Total Payable (RM)	

PART 4 - MODE OF PAYMENT

I enclose cash/cheque RM _____ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Cheque No. : ☐☐☐☐☐☐☐

CREDIT CARD PAYMENT

MasterCard ☐   Visa ☐

DIRECT DEBIT AUTHORIZATION

I hereby request and authorize Allianz General Insurance Company (Malaysia) Berhad ('Company') to debit the premium and such amount payable as Goods and Services Tax ('GST') to my credit card account as indicated below for the Total Payable under my insurance policy mentioned above.

Name of Cardholder		Premium Amount (RM) :
		Total Payable (RM) :
Cardholder's Account No.	☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐	Expiry Date : M M / Y Y
Issuing Bank		
Relationship to Policyholder	☐☐ Code : [01] Own [02] Spouse [03] Parents [04] Children	

Notes: 1. Premium payment through credit card is allowed if the cardholder is paying for his/her own policy or the policy of his/her immediate family member namely his/her spouse, parents or children.
2. Total Payable amount will be based on plan selected under PART 3.

DECLARATION

I hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep the Company informed in writing or by giving fresh standing instruction. Further, I agree that the Terms and Conditions as for credit card payment shall apply a copy of which, shall be made available upon my request.

_____
Signature of Cardholder
(as on card)

D D – M M – Y Y Y Y
Date

PART 5 - BANK DETAILS

Type of Account	☐ Saving ☐ Current ☐ Others (please specify)	
Account Holder Name		
Account No.		
Bank Name		
Bank Address		

Postcode		City	
State			
Country			
ID Captured when open bank account for verification			
ID Type		Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
ID No.			

PART 6 - NOMINATION FORM FOR PERSONAL ACCIDENT

I hereby nominate the following as nominee(s) for the above insurance policy and revoke all existing nominees (if any) named earlier (If no trustee has been nominated).

Name of Nominee	ID Type*	ID No.	Relationship	Share (%)

Please attach separate sheet if space is insufficient.

Pursuant to Schedule 10 of Financial Services Act 2013 ('FSA 2013'):

A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his personal accident policy upon his death. It is advisable to appoint at least one (1) nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the Insured Person. Failure to make a nomination may delay the payment of the policy moneys become payable. If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living at the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favor of the nominee. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee. For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy. Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non-Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor. If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.

Signature of Witness

Signature of Proposer

Witness		Proposer	
Name		Name	
ID Type*		ID Type*	
ID No.		ID No.	
Contact No.	—	Contact No.	—
Date	D D — M M — Y Y Y Y	Date	D D — M M — Y Y Y Y

Notes: 1. *ID Type: Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
2. A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

PART 7 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at https://www.allianz.com.my to view our Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010).

Disclosure and Consent

The personal data you supply as an individual to purchase the above insurance will be used by the Allianz Group and it agents to facilitate the performance of our function as an insurance company according to our Privacy Statement. By signing on this Proposal Form you consent to the use of your personal data for the purposes as stated in our Privacy Statement.

PART 8 - GOODS AND SERVICES TAX NOTICE

You are advised to review the adequacy of your Sum Insured as Goods and Services Tax ('GST') may have an impact on your claims settlement as stated below.

Goods and Services Tax Impact on Claims Settlement

Claims Settlement

We will pay your claim inclusive of the Goods and Services Tax on items which are taxable supplies, up to the Sum Insured. In the event that you are entitled to claim for the Input Tax Credit and if we make a payment under this policy as compensation to you, we will reduce the amount of the payment by deducting your Input Tax Credit entitlement irrespective of whether you have or have not claimed the Input Tax Credit, up to the limit of the Sum Insured.

PART 9 - DECLARATION

I hereby declare and warrant that the answers/information given in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this proposal and I agree that this proposal and declaration shall be the basis of the contract between the Company and myself and I further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.

_____
Signature of Proposer

D D – M M – Y Y Y Y
Date