

Allianz Shield Plus 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 the Company 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 the Company 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 the Company immediately if at any time after your contract of insurance has been entered into varied or renewed with the Company 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.

The standard time frame required to issue an insurance policy is as stipulated in the Company's Customer Service Charter, which is available to view on the Company's website at allianz.com.my.

Please retain the official receipt as proof of payment.

Period of Insurance:

Agent Code:

From - - To - -

-

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

PART 1 - PARTICULARS OF PROPOSER

Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others (please specify)										
Name	<input type="text"/>										
Address	<input type="text"/>										
	<input type="checkbox"/> Non-residential <input type="checkbox"/> Residential										
Postcode	<input type="text"/>			City <input type="text"/>							
State	<input type="text"/>										
Country	<input type="text"/>										
Mobile No.	<input type="text"/> - <input type="text"/>					Phone No. <input type="text"/> - <input type="text"/>					
e-mail	<input type="text"/>										
ID Type	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.										
ID No.	<input type="text"/>										
Date of Birth	<input type="text"/> - <input type="text"/>			<input type="text"/>							
Nationality	<input type="checkbox"/> Malaysian			<input type="checkbox"/> Others (please specify)							
Occupation	<input type="text"/>										Nature of Business <input type="text"/>
Occupation Class	<input type="checkbox"/> Class 1		<input type="checkbox"/> Class 2				<input type="checkbox"/> Class 3				
Occupation Class Definition											
Class 1	Occupation involving non-manual, administrative or clerical work – solely in offices or similar non-hazardous places or full time student.										
Class 2	Occupation involving work of supervisory nature or travelling outside office for business purposes but not engaging in manual labour.										
Class 3	Occupation involving occasional or regular manual work not particularly hazardous in nature but involving the use of tools or machinery (not using woodworking machinery).										



PART 2 - QUESTIONNAIRE

No.	Questions	Yes	No	Details
1.	Are you and/or any/all of your family members in good health and free from any physical deformities? If No, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you or any of your family members have Personal Accident, Life or Medical & Health Insurance with this or any other company(s)? If Yes, please state company(s), types and amount of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have you or any of your family members ever made a Personal Accident or Life Insurance claim against any other insurance company(s)? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have your applications or any of your family member's application for any Personal Accident or Life Insurance been declined, restricted or accepted at any other than normal terms? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Have you or any of your family members ever been declared bankrupt or currently under legal proceeding from Insolvency Department or have you convicted in a court of law or currently under legal proceeding in any country? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	

Please attach separate sheet if space is insufficient.

PART 3 - MODE OF PAYMENT

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

Cheque No. :

CREDIT/DEBIT CARD PAYMENT



DIRECT DEBIT AUTHORIZATION

Cardholder hereby request and authorize the Company to debit the premium and such amount payable as Service Tax to Credit/Debit Card account as indicated below for insurance policy mentioned below.

Name of Cardholder	<input type="text"/>	Total Premium (RM):
	<input type="text"/>	Total Payable (RM):
Cardholder's Account No.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date: <input type="text"/> / <input type="text"/>
Issuing Bank	<input type="text"/>	
Relationship to Policyholder	<input type="text"/> Code: [01] Own [02] Spouse [03] Parents [04] Children	

Automatic renewal will be activated for this policy and charge the Credit/Debit Card above the relevant premium amount each year as invoiced by the Company before the renewal date. Policyholder and/or Cardholder understand that if the Company is unable to charge Credit/Debit Card prior to the renewal date, Policyholder may not receive the benefits of this policy in the event of any claim.

Notes: 1. Premium payment through Credit/Debit Card is allowed if the Cardholder is paying for his/her own policy or the policy of family member namely his/her spouse, parent or children.
2. The Company reserves the right to immediately cancel this policy or renewal if the Policyholder and/or Insured Person's relationship with the Cardholder is found to be untrue.

PART 4 - TERMS AND CONDITIONS FOR CREDIT/DEBIT CARD PAYMENT SECTION ONLY

1. Cardholder hereby authorize the Company to charge the Credit/Debit Card for payment of insurance premium for this policy as indicated above for the benefit of the Policyholder and/or Insured Person.
2. Policyholder and/or Cardholder understand that this policy shall take effect only after successfully obtaining: (1) approval from the credit/debit card company concerned for the direct debit instruction based on the relevant details herein; and (2) underwriting approval from the Company based on the accompanying proposal form and/or renewal request.
3. Policyholder and/or Cardholder understand and agree that for the automatic renewal of this Plan and pursuant to the above payment instructions, the Credit/Debit Card will continue to be charged for all subsequent renewals by the Company unless Policyholder/Cardholder informs the Company otherwise.
4. Policyholder and/or Cardholder understand that the policy or renewal will not be effective if this direct debit authorization request is subsequently rejected by the credit/debit card company.
5. Policyholder and/or Cardholder further agree and consent that the Company and/or its service providers may collect, use and process personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Statement (Notice to Customers of Allianz General Insurance Company (Malaysia) Berhad on the Personal Data Protection Act 2010) which can be found on the Company's website at allianz.com.my.
6. Policyholder and/or Cardholder declare that at the time of application, Policyholder and/or Cardholder and Insured Person have not been convicted and are not in any way committing or involved in any offences under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001("AMLATFPUAA") and sections 130N, 130O, 130P or 130Q of the Penal Code.
7. Policyholder and/or Cardholder further agree and consent that in the event the Company finds this information to be untrue, the Company reserves the rights to cancel the policy or renewal and to suspend any claim under the policy.
8. Policyholder and/or Cardholder 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, Policyholder and/or Cardholder shall keep the Company informed in writing or by giving fresh standing instruction. Further, Policyholder and/or Cardholder agree that the Terms and Conditions as for Credit/Debit Card payment shall apply a copy of which, shall be made available upon request.

Signature of Policyholder

Name

ID Type*

ID No.

Date - -

Signature of Cardholder

Name

ID Type*

ID No.

Date - -

- Notes: 1. ID Type*: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. Where the Insured Person is a child aged below eighteen (18) years, this form must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.
 3. If the Cardholder is the same as the Policyholder, please sign on the Cardholder portion only.

PART 5 - FOR SUBMISSION BY INTERMEDIARIES

I hereby confirm that the above information is given by the Policyholder and/or Cardholder and I have witnessed the signature of the Policyholder and/or Cardholder.

Intermediaries Mobile No. -

Name Phone No. -

Intermediaries Code Date - -

PART 6 - BANK DETAILS (OPTIONAL)

Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> 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.																				

Note: 1. For refund of premium/claims payment (if applicable).

PART 7 - 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).

Proposer/Dependant Name	Name of Nominee	ID Type*	ID No.	Relationship	Share (%)
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

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

Name

ID Type*

ID No.

Contact No. -

Date - -

Signature of Proposer

Name

ID Type*

ID No.

Contact No. -

Date - -

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 8 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

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

Disclosure and Consent

The personal data supplied for this Policy will be used by the Company, its service providers and agents to enable the Company to provide Policyholder with insurance coverage according to the Company's Privacy Statement. A copy of the same can be downloaded from the Company's website at allianz.com.my. By signing on this proposal form, Policyholder and/or Cardholder and/or Insured Person consent to the use of your personal data for the purposes as stated in the Company's Privacy Statement.

PART 9 - DECLARATION

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

I/We hereby authorize any hospital, surgeon, medical practitioner or clinic or other person who attends to Insured Person for any reason to disclose to the Company any and all information with respect to any illnesses or injury and to provide copies of all hospital or medical records/certifications, including any earlier medical history. A photocopy of this authorization shall be considered as effective and valid as the original. I/We acknowledge that the liability to the Company does not commence until the proposal is accepted by and the premium paid to the Company.

For Individual Client

<p style="text-align: center; border-top: 1px solid black; margin-bottom: 10px;">Signature of Proposer/Policyholder</p> <p>Name <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p>ID Type <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army</p> <p>ID No. <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p>Date <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/></p>	<p style="text-align: center; border-top: 1px solid black; margin-bottom: 10px;">Signature of Witness</p> <p>Name <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p>ID Type <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army</p> <p>ID No. <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p>Date <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/></p>
<p>Note: 1. Where the Insured Person is a child aged below eighteen (18) years, this proposal must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.</p>	

For Company Client

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer
<p>Signature</p> <p>Name <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p>Designation <input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p>Date <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/></p>	<p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p>	<p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p>	<p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid #ccc;" type="text"/></p>

PART 10 - PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

No.	Name	ID Type*	ID No.	Date of Birth	Nationality	Occupation	Occupation Class**	Relationship to Principal	Plan	Optional Benefit			Total Premium (RM)	
										With Weekly	Without Weekly	DI MVA***		IMA****
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="text"/>					1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Premium (RM)														
Service Tax (RM)														
Stamp Duty (RM)													10.00	
Total Payable (RM)														

Notes: 1. *ID Type: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. **Please refer Occupation Class Definition at page one (1).
 3. ***DI MVA - Double Indemnity due to Motor Vehicle Accident is only available for Plan 1 to Plan 8.
 4. ****IMA - International and Domestic Medical Assistance and Evacuation Programme at RM15.90 per person.
 5. In order for an individual to purchase Principal Sum Insured of RM2 million and RM3 million, Proposer will have submit completed Large Amount Questionnaire (LAQ) signed by Proposer and Branch Manager.

Please attach separate sheet if space is insufficient.

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