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

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Allianz Travel Care Insurance Claim Form

Please complete the General Section followed by the relevant section to which your claim relates.

GENERAL INFORMATION

Name of Insured Person	Age : Sex : Male ☐ Female ☐	Insurance Policy No.
Address	Telephone No. Home Office H/P	Name of Travel Agent Date of booking
	Travelling with companion(s)? No ☐ Yes ☐ Companion(s) is/are insured with Allianz? No ☐ Yes ☐ If yes, please give details of Companion(s)'s Name	
Place where incident, loss or illness occurred	Date	Time
Describe in detail how the incident, loss or illness occurred		
Do you have any other insurance covering this incident, loss or illness? No ☐ Yes ☐ If yes, please state type of policy and policy no.		

INSURED'S GST DETAILS

Are you registered for GST? No ☐ Yes ☐	
If Yes, please provide :	GST registration date .....
	GST registration no .....
If you are a business entity, are you a sole proprietor? No ☐ Yes ☐	
Is the damaged/lost item(s) used for? Businesss ☐ Non Business ☐ Both ☐	
Will you be claiming or intend to claim input tax credit? No ☐ Yes ☐	

PERSONAL ACCIDENT / ILLNESS

Nature of injury / illness or official cause of death	
Name of attending doctor Name and address of clinic / hospital Date first consulted	Period of hospitalisation Date of admission Time Date of discharge Time
Have you previously suffered or sought treatment for this injury / illness? No ☐ Yes ☐ If Yes, please give details	

Documents to be submitted

1. Medical Report or Death Certificate
2. Original Medical Bills / Receipts
3. Hospital Admission / Discharge Note or Summary
4. Original Bills / Receipts for additional travelling & accommodation expenses
5. Original Car Rental Agreement and Original Receipts for additional costs of rental car return

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TRAVEL DELAY / CANCELLATION / CURTAILMENT / MISSED DEPARTURE / MISSED CONNECTION

Intended departure date and time	Date and time of arrival home if curtailed
Date and time of cancellation	Date and time of actual or next departure flight

Reason for delay/ cancellation/ curtailment, etc		
Amount paid by you	Refund from other sources	Amount claimed

Documents to be submitted

1) Travel delay/missed departure/missed connection -
   * Written confirmation from the airlines regarding the period of delay (in number of hours), the actual date & time of departure and the reasons for such delay/ missed departure/ missed connection
   * Original receipts for additional accommodation & travel expenses

2) Cancellation/ curtailment -
   * Tour operator's itinerary and confirmation of booking
   * Tour operator's cancellation invoice and confirmation of refund due
   * Medical Report/ Death Certificate of insured person or immediate family member
   * Proof of relationship between insured person & family member e.g birth certificate, marriage certificate
   * Original Receitps of all amounts claimed

LUGGAGE/ PERSONAL EFFECTS/ PERSONAL MONEY/ TRAVEL DOCUMENTS

Name of carrier/ custodian involved	Did carrier/ custodian admit liability for the loss/ damage or delay? No ☐ Yes ☐ If yes, please state the amount compensated.			
Item claimed	Place purchased	Date purchased	Purchased price	Amount claimed

Documents to be submitted

1. Police report
2. Property irregularity report from the Airlines
3. Written confirmation from the Airlines on the delayed delivery of luggage
4. Currency exchange slip
5. Original receipts for items claimed

Personal Liability

ANY COMMUNICATION WHICH YOU MAY RECEIVE ABOUT THE ALLEGED CLAIM SHOULD NOT BE ANSWERED BUT MUST BE SENT TO US IMMEDIATELY.

Nature of injury/damage caused	
Name of the third party involved	Address
Name of witness / witnesses, if any	Address

Documents to be submitted

1. Police report
2. All correspondence/documents from the Third Party

Declaration

I declare that the answers to this form are true and correct.

Signature : _____ Date : _____

Name : _____

_____ NRIC No : _____

Authorisation

I hereby authorise any hospital or doctor who has attended to me to furnish Allianz General Insurance Company (Malaysia) Berhad or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Signature : _____ Date : _____

Name : _____

_____ NRIC No. : _____

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Allianz General Insurance Company Malaysia Berhad (735426-V)

DATA PRIVACY NOTICE & CONSENT FORM (DEATH CLAIMS) / *BORANG NOTIS DATA PRIVASI & PERSETUJUAN (TUNTUTAN KEMATIAN)*

1. Processing of Your Personal Data / *Pemprosesan Data Peribadi Anda*

Allianz General Insurance Company (Malaysia) Berhad ("**Company**") will use the information you supply in the Death Claim Form to, among others, process your claim in accordance with the Personal Data Protection Act 2010, other related legislation, the Company's and/or its Group's own strict internal policy. / *Allianz General Insurance Company (Malaysia) Berhad ("**Syarikat**") akan menggunakan maklumat yang anda bekalkan dalam Borang Tuntutan Kematian untuk, antaranya, memproses tuntutan anda mengikut Akta Perlindungan Data Peribadi 2010, undang-undang lain yang berkaitan dan polisi dalaman Syarikat dan/atau Kumpulannya sendiri yang ketat.*

The personal information supplied by you will include policy information, financial information and sensitive personal data about you and the deceased which include information on physical or mental health or medical condition or religious beliefs ("**Personal Data**"). / *Maklumat peribadi tersebut, samada yang dibekalkan oleh anda atau ahli keluarga anda yang lain, akan termasuk maklumat polisi, kewangan dan data peribadi sensitif berkenaan anda dan mana-mana ahli keluarga anda merangkumi maklumat berkaitan kesihatan fizikal atau mental, keadaan perubatan atau kepercayaan agama, sekiranya mereka juga dilindungi di bawah insurans yang mana suatu tuntutan dibuat ("**Data Peribadi**").*

The Company may also obtain your Personal Data from other sources, such as bureau or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry; other external database suppliers, governmental departments, agencies or authorities; any party who has, does or will provide products or services to you and to whom you have granted consent, the Company's commercial partners, insurance intermediaries, reinsurers and third party administrators and/or service providers, other insurance companies, attending doctors, hospitals, clinics, other medical professionals, facilities or pharmacies, workshops, lawyers and agents that have knowledge of the deceased or records in respect thereof or who had attended to or treated the deceased (as the case may be), proposed assignees, group policyholders, and related persons or organizations from whom such information would be essential for the proper processing of the data for the purposes as stated herein. / *Syarikat mungkin memperoleh Data Peribadi anda daripada sumber-sumber lain, seperti biro atau agensi-agensi yang ditubuhkan atau akan ditubuhkan oleh pihak berkuasa kawal selia, operator rekod atau pangkalan data yang tersedia kepada industri insurans, atau pembekal-pembekal pangkalan data luar, jabatan kerajaan, agensi atau pihak berkuasa, mana-mana pihak yang telah, sedang atau akan membekalkan produk atau khidmat kepada anda dan kepada siapa yang anda telah memberikan persetujuan, rakan-rakan komersil Syarikat, pihak perantara insurans, pihak penanggung insurans semula, pengurus dan/atau pembekal perkhidmatan pihak ketiga, syarikat insurans yang lain, doktor perawat, hospital, klinik, ahli profesional perubatan lain, kemudahan atau farmasi perubatan yang lain, bengkel, peguam, agen yang mempunyai pengetahuan tentang si mati atau rekod yang berkaitan atau sesiapa yang telah memeriksa atau merawati si mati (yang mana berkaitan), pemegang serah hak yang dicadangkan, pemunya polisi berkumpulan; atau orang-orang yang berkaitan atau organisasi daripada mana maklumat sebegitu adalah penting untuk pemprosesan data yang sepatutnya untuk tujuan yang dinyatakan di sini.*

2. Impact resulting from failure to supply information / *Akibat daripada kegagalan untuk membekalkan maklumat*

You may choose whether or not to provide your Personal Data to the Company. However, failure to supply your Personal Data as requested may result in the Company being unable to evaluate your claim, which may lead to your claim being denied. Hence, it is obligatory for you to provide the Company your Personal Data when you choose to make a claim in respect of a policy with the Company. / *Anda boleh memilih sama ada hendak memberikan Data Peribadi anda kepada Syarikat atau tidak. Walaubagaimanapun, kegagalan untuk memberikan Data Peribadi anda seperti yang diminta mungkin akan mengakibatkan Syarikat tidak dapat menilai tuntutan anda, yang mana boleh menyebabkan tuntutan anda ditolak. Dengan itu, adalah menjadi obligasi anda untuk membekalkan kepada Syarikat Data Peribadi anda apabila anda memilih untuk membuat tuntutan terhadap polisi dengan Syarikat.*

For the purposes of evaluating and administering claims, the Company may also rely on this authorization to disclose information about the deceased to the authorized third parties so that they may conduct health care operations, claims payment, administrative and audit functions related to the deceased's benefit plans, if any. / *Bagi tujuan penilaian dan pentadbiran tuntutan, Syarikat juga boleh bergantung kepada persetujuan ini untuk mendedahkan maklumat berkenaan si mati kepada pihak ketiga yang diberi kuasa supaya mereka dapat melakukan operasi kesihatan, bayaran tuntutan, pentadbiran dan fungsi audit berkaitan dengan manfaat si mati, jika ada.*

3. Purposes of Collecting and Using Your Personal Data / *Tujuan Mengumpul dan Menggunakan Data Peribadi Anda*

Your and the deceased's Personal Data will be collected, used and otherwise processed by the Company for the following purposes: / *Data Peribadi anda akan dikumpul, diguna dan sebaliknya diproses oleh Syarikat untuk tujuan-tujuan berikut:*

(a) for claims processing, evaluation, administration and claim settlement; / *untuk memproses tuntutan, menilai, mentadbir dan penyelesaian tuntutan;*

(b) for detection and prevention of criminal activity or fraud in connection with an insurance transaction and/or improper claim; / *untuk mengesan dan mengelakkan aktiviti jenayah atau penipuan berkaitan dengan transaksi insurans dan/atau tuntutan tidak betul;*

(c) to ensure that the Company's records are updated; / *untuk memastikan bahawa rekod Syarikat adalah terkini;*

(d) for statistical analysis and surveys; / *untuk analisis statistik dan kaji selidik;*

(e) for data transfer to, and sharing with, other members of the Group and/or third parties acting on behalf of the Company, including those located outside Malaysia. / *untuk pemindahan data kepada, dan berkongsi dengan, ahli-ahli lain dalam Kumpulan dan/atau pihak ketiga yang bertindak bagi pihak Syarikat, termasuk yang berada di luar Malaysia.*

4. Disclosure of Your Personal Data / *Pendedahan Data Peribadi Anda*

Your and the deceased's Personal Data may also be disclosed to authorized third parties including other insurers, brokers, credit organizations, underwriters,

reinsurers, group policyholders, benefit plan administrators, those to whom the Company outsource certain business operations, the Company's commercial partners, regulatory authorities, bureau or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, loss adjusters, lawyers, auditors, persons conducting actuarial or research studies, accountants, consultants, surveyors, external claims data collectors, investigators and medical professionals, and any other contractors or sub-contractors as required or permitted by law or as we may determine to be necessary or appropriate. / *Data Peribadi anda dan simati juga boleh didedahkan kepada pihak ketiga yang diberi kuasa termasuk syarikat insurans yang lain, broker, organisasi-organisasi kredit, pengunderait, pihak penanggung insurans semula, pemunya polisi berkumpulan, pihak pengurusan pelan manfaat, kepada mereka yang mana Syarikat telah menyumber luar operasi bisnes yang tertentu, rakan-rakan komersil Syarikat, pihak berkuasa kawal selia, biro atau agensi yang telah atau akan ditubuhkan oleh pihak berkuasa kawal selia, operator rekod atau pangkalan data yang tersedia kepada industri insurans, penyelaras kerugian, peguam, juruaudit, mereka yang melaksanakan penyelidikan aktuari atau kaji selidik, akauntan, pakar runding, peninjau, pengumpul data tuntutan luar, penyiasat dan profesional perubatan dan mana-mana kontraktor atau sub-kontraktor lain yang diperlukan atau dibenarkan oleh undang-undang atau yang diputuskan oleh kami sebagai perlu atau bersesuaian.*

5. Your Rights of Access to Your Personal Data / *Hak Anda Untuk Akses Kepada Data Peribadi Anda*

You have the right to request in writing access to, enquire and complain in respect of your Personal Data held by the Company by contacting the Company's Customer Service Officer at **1300-88-1028** from 8.45 a.m. to 5.45 p.m., Monday to Friday or email at customer.service@allianz.com.my or via our Fax No. 03-2264 8499. You also have the right to request in writing for the Company to cease processing your Personal Data. / *Anda berhak untuk meminta secara bertulis akses kepada, membuat apa-apa pertanyaan atau aduan berkaitan dengan Data Peribadi anda yang disimpan oleh Syarikat dengan menghubungi Pegawai Perkhidmatan Pelanggan Syarikat di **1300-88-1028**, dari 8.45 pagi hingga 5.45 petang, Isnin hingga Jumaat atau emel kepada customer.service@allianz.com.my atau melalui No. Faks 03-22648499. Anda juga boleh meminta secara bertulis kepada Syarikat untuk berhenti memproses Data Peribadi anda.*

6. Information About Another Person / *Maklumat Berkaitan Orang Lain*

When you give the Company, information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data and to receive on their behalf, any data privacy notices. / *Apabila anda memberi Syarikat maklumat berkaitan orang lain, anda mengesahkan bahawa mereka telah melantik anda untuk bertindak bagi pihak mereka untuk bersetuju dengan pemprosesan Data Peribadi mereka dan untuk menerima bagi pihak mereka apa-apa notis data privasi.*

CONSENT TO PROCESS AND DISCLOSE PERSONAL DATA / *PERSETUJUAN UNTUK MEMPROSES DAN MENDEDAH DATA PERIBADI*

I have fully read and understood this Data Privacy Notice. I hereby confirm that I give explicit consent, in accordance with the provisions of the Personal Data Protection Act 2010, on behalf of myself and any family members, dependants, or other persons (collectively referred to as "**other persons**"), to the Company and/or its Group to collect, use, disclose, transfer, share or otherwise process my Personal Data and the Personal Data of the other persons including sensitive personal data for the abovementioned purposes. I confirm that where I have provided Personal Data about the other persons, as part of my claim, I have obtained the consent of the individual(s) concerned to enable the Company and/or its Group to use their Personal Data, including any sensitive personal data. I also confirm that I have brought the Data Privacy Notice to the attention of the other persons who confirm that they understand, agree and authorize the Company and/or its Group to deal with their Personal Data in accordance with the declaration above. / *Saya telah membaca dan memahami sepenuhnya Notis Data Privasi ini. Saya mengesahkan bahawa saya memberi persetujuan yang nyata, mengikut peruntukan Akta Perlindungan Peribadi 2010 bagi pihak saya dan mana-mana ahli keluarga, tanggungan, benefisiari, pemegang amanah, wakil peribadi, penama, pemegang serah hak atau sesiapa yang dinamakan dalam borang ini (secara kolektifnya dirujuk sebagai "***orang-orang lain***"), kepada Syarikat dan/atau Kumpulannya untuk mengumpul, menggunakan, mendedahkan, memindahkan, berkongsi atau sebaliknya memproses Data Peribadi saya dan Data Peribadi orang-orang lain termasuk data peribadi sensitif untuk tujuan-tujuan yang dinyatakan di atas. Saya mengesahkan bahawa di mana saya telah memberikan Data Peribadi berkenaan dengan orang-orang lain, saya telah memperoleh persetujuan individu yang berkaitan untuk membolehkan Syarikat dan/atau Kumpulannya menggunakan Data Peribadi mereka, termasuk apa-apa data peribadi sensitif. Saya juga mengesahkan bahawa saya telah membawa Notis Data Privasi ini kepada perhatian orang-orang lain yang telah mengesahkan bahawa mereka memahami, bersetuju dan memberi kuasa kepada Syarikat dan/atau Kumpulannya untuk berurus dengan Data Peribadi mereka mengikut deklarasi di atas.*

Signature / *Tandatangan*

Date / *Tarikh*

Full Name / *Nama Penuh* :

NRIC No. / *No. Kad Pengenalan* :