

Risk Assessment Questionnaire

TO BE COMPLETED BY THE PROPOSER FOR SUM INSURED RM3,000,000 AS REQUIRED BY THE UNDERWRITER.

Name of Proposer : _____

Residential Address : _____

Purpose of Insurance : Loan Protection Business Protection Family Protection

Please tick in the appropriate boxes and state full particulars in reply to each question, using an additional sheet, if necessary.

	Questions	Yes	No	Details
1.	Are you in good health and free from any physical deformities? If No, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you have Personal Accident , Life or Medical Insurance & Health Insurance within Allianz General Insurance Company (Malaysia) Bhd or any other instead insurance company (s)? If yes, please provide company name , coverage type and amount.	<input type="checkbox"/>	<input type="checkbox"/>	

Particulars of Residence: Own Residence Rented Property Purchase Price (RM) _____

Other Properties Owned (House/ Company/Land) Location: 1. _____ 2. _____ 3. _____

Market Value (RM) 1. _____ 2. _____ 3. _____

Income Particulars:	Current	Last Year	Two Years Ago
Annual Income (RM)	_____	_____	_____
Other Income (RM)	_____	_____	_____
Total Income (RM)	_____	_____	_____

How long have you been employed at your present place of work?

Less than a year 1 – 3 years 3 – 6 years More than 6 years

Declaration

I hereby declare that I have fully and accurately answered the questions in this form on which the Company can rely and act upon and that I have not withheld any information which may influence the acceptance of the risk.

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 form, Proposer consent to the use of your personal data for the purposes as stated in the Company's Privacy Statement.

Important Note

The above information is required by our Company to supplement your application for Insurance. Please complete all the questions.

 Signature of Proposer
 Date:

 Signature of Branch Manager
 Date:

FOR INTERMEDIARIE'S USE ONLY	
Agent Code:	eQuotation No. :

