

## Group Timber Workers Personal Accident Proposal Form

**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:

Agent Code:

From   -   -    To   -   -

-

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

**PART 1 - PARTICULARS OF PROPOSER**

Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Country	<input type="text"/>		
Phone No.	<input type="text"/> - <input type="text"/>	Fax No.	<input type="text"/> - <input type="text"/>
e-mail	<input type="text"/>		
Website	<input type="text"/>		
Business Registration No.	<input type="text"/>		
Nature of Business	<input type="text"/>		



**PART 2 - PLAN REQUIRED AND PREMIUM DETAILS**

Benefits	Sum Insured (RM)
Death	30,000.00
Permanent Disablement	30,000.00
Temporary Total Disablement	100.00
Temporary Partial Disablement	50.00
Medical Expenses	5,000.00
Travelling Expenses	1,500.00
Funeral Expenses	1,000.00
Premium	175.00

- Notes: 1. Premium subject to Service Tax.  
2. Please provide the workers details under PART 7.

**PART 3 - MODE OF PAYMENT**

We enclose cash/cheque RM \_\_\_\_\_ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Cheque No:

**PART 4 - BANK DETAILS**

Type of Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (please specify) <input type="text"/>
Account Holder Name	<input type="text"/>
Account No.	<input type="text"/>
Bank Name	<input type="text"/>
Bank Address	<input type="text"/>
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
ID Captured when open bank account for verification	<input type="text"/>
ID Type	<input type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration
ID No.	<input type="text"/>

**PART 5 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION**

Protection of your privacy is very important to us. Please visit our website at [allianz.com.my](http://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 its 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.



