



**Allianz General Insurance Company (Malaysia) Berhad** (200601015674)  
 (Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

## Allianz Travel Care Proposal Form

**Allianz General Insurance Company (Malaysia) Berhad ("Company"/"We"/"Us") 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 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 and shall form part of the insurance policy with Company. 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.

You are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Us 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](http://allianz.com.my).

Please retain the official receipt as proof of payment.

Any policy issuance, entitlement or claims submitted arising from the insurance contract issued shall be subjected to the requirements of Economic Sanctions, Terrorism Financing, Proliferation Financing and other UN-sanction Regimes.

Period of Insurance:

From   -   -     To   -   -

Agent Code:

-

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

### Part 1 - Particulars Of Proposer

Name	<input type="text"/>											
Address <input type="checkbox"/> Non-residential <input type="checkbox"/> Residential	<input type="text"/>											
	<input type="text"/>											
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	City	<input type="text"/>						<input type="text"/>
State	<input type="text"/>											
Country	<input type="text"/>											
Mobile No.	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Phone No.	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e-mail	<input type="text"/>											
ID Type	<input type="text"/>	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others (please specify) <input type="text"/>										

#### Allianz Customer Service Centre

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.  
 Allianz Contact Centre: 1 300 22 5542 Email: [customer.service@allianz.com.my](mailto:customer.service@allianz.com.my) [allianz.com.my](http://allianz.com.my)



PBPFE040603

## Part 2 – Journey Details

Coverage Type	<input type="checkbox"/> Two-Way Cover	<input type="checkbox"/> One-Way Cover	<input type="checkbox"/> Annual Cover
Journey From Malaysia To			

## Part 3 – Plan Required And Premium Details, Please Tick Plan Selected

### Overseas Coverage

No. of Days	Asia				Worldwide			
	Adult	Senior Citizen	Child	Family	Adult	Senior Citizen	Child	Family
	(RM)							
1 – 5 days	<input type="checkbox"/> 65	<input type="checkbox"/> 155	<input type="checkbox"/> 35	<input type="checkbox"/> 175	<input type="checkbox"/> 110	<input type="checkbox"/> 230	<input type="checkbox"/> 80	<input type="checkbox"/> 408
6 – 10 days	<input type="checkbox"/> 80	<input type="checkbox"/> 190	<input type="checkbox"/> 50	<input type="checkbox"/> 230	<input type="checkbox"/> 150	<input type="checkbox"/> 285	<input type="checkbox"/> 125	<input type="checkbox"/> 514
11 – 15 days	<input type="checkbox"/> 110	<input type="checkbox"/> 240	<input type="checkbox"/> 75	<input type="checkbox"/> 325	<input type="checkbox"/> 200	<input type="checkbox"/> 370	<input type="checkbox"/> 165	<input type="checkbox"/> 670
16 – 22 days	<input type="checkbox"/> 150	<input type="checkbox"/> 305	<input type="checkbox"/> 105	<input type="checkbox"/> 450	<input type="checkbox"/> 280	<input type="checkbox"/> 475	<input type="checkbox"/> 205	<input type="checkbox"/> 836
Each additional week or part	<input type="checkbox"/> 25	<input type="checkbox"/> 48	<input type="checkbox"/> 18	<input type="checkbox"/> 65	<input type="checkbox"/> 65	<input type="checkbox"/> 101	<input type="checkbox"/> 42	<input type="checkbox"/> 220
Annual	<input type="checkbox"/> 400	Not Available	<input type="checkbox"/> 280	Not Available	<input type="checkbox"/> 500	Not Available	<input type="checkbox"/> 370	Not Available

### Domestic Coverage

No. of Days	Adult	Senior Citizen	Child	Family
	(RM)			
1 – 5 days	<input type="checkbox"/> 21	<input type="checkbox"/> 32	<input type="checkbox"/> 12	<input type="checkbox"/> 65
6 – 10 days	<input type="checkbox"/> 31	<input type="checkbox"/> 41	<input type="checkbox"/> 17	<input type="checkbox"/> 81
11 – 15 days	<input type="checkbox"/> 41	<input type="checkbox"/> 56	<input type="checkbox"/> 21	<input type="checkbox"/> 107
16 – 22 days	<input type="checkbox"/> 51	<input type="checkbox"/> 71	<input type="checkbox"/> 27	<input type="checkbox"/> 142
23 – 30 days	<input type="checkbox"/> 60	<input type="checkbox"/> 80	<input type="checkbox"/> 32	<input type="checkbox"/> 174
Annual	<input type="checkbox"/> 210	Not Available	<input type="checkbox"/> 115	Not Available

### Overseas & Domestic Coverage

No. of Days	Domestic & Asia				Domestic & Worldwide			
	Adult	Senior Citizen	Child	Family	Adult	Senior Citizen	Child	Family
	(RM)							
1 – 5 days	<input type="checkbox"/> 77	<input type="checkbox"/> 167	<input type="checkbox"/> 47	<input type="checkbox"/> 187	<input type="checkbox"/> 122	<input type="checkbox"/> 242	<input type="checkbox"/> 92	<input type="checkbox"/> 420
6 – 10 days	<input type="checkbox"/> 92	<input type="checkbox"/> 202	<input type="checkbox"/> 62	<input type="checkbox"/> 242	<input type="checkbox"/> 162	<input type="checkbox"/> 297	<input type="checkbox"/> 137	<input type="checkbox"/> 526
11 – 15 days	<input type="checkbox"/> 122	<input type="checkbox"/> 252	<input type="checkbox"/> 87	<input type="checkbox"/> 337	<input type="checkbox"/> 212	<input type="checkbox"/> 382	<input type="checkbox"/> 177	<input type="checkbox"/> 682
16 – 22 days	<input type="checkbox"/> 162	<input type="checkbox"/> 317	<input type="checkbox"/> 117	<input type="checkbox"/> 462	<input type="checkbox"/> 292	<input type="checkbox"/> 487	<input type="checkbox"/> 217	<input type="checkbox"/> 848
Each additional week or part	<input type="checkbox"/> 37	<input type="checkbox"/> 60	<input type="checkbox"/> 30	<input type="checkbox"/> 77	<input type="checkbox"/> 77	<input type="checkbox"/> 113	<input type="checkbox"/> 54	<input type="checkbox"/> 232
Annual	<input type="checkbox"/> 490	Not Available	<input type="checkbox"/> 335	Not Available	<input type="checkbox"/> 590	Not Available	<input type="checkbox"/> 425	Not Available

### Additional Sport - Optional Rider 1 For Overseas Coverage

No. of Days	Asia/Worldwide			
	Adult	Senior Citizen	Child	Family
	(RM)			
1 – 5 days	<input type="checkbox"/> 20	Not Available	<input type="checkbox"/> 20	<input type="checkbox"/> 60
6 – 10 days	<input type="checkbox"/> 25		<input type="checkbox"/> 25	<input type="checkbox"/> 80
11 – 15 days	<input type="checkbox"/> 35		<input type="checkbox"/> 35	<input type="checkbox"/> 110
16 – 22 days	<input type="checkbox"/> 50		<input type="checkbox"/> 50	<input type="checkbox"/> 145
23 – 30 days	Not Available		Not Available	Not Available
Each additional week or part	<input type="checkbox"/> 10		<input type="checkbox"/> 10	<input type="checkbox"/> 25
Annual	<input type="checkbox"/> 115		<input type="checkbox"/> 115	Not Available

### Additional Sport - Optional Rider 2 For Overseas Coverage

Age	Asia/Worldwide (per trip)	
	Adult	
	(RM)	
18 years – 40 years	<input type="checkbox"/>	500
41 years – 60 years	<input type="checkbox"/>	1,000

### Additional Sport - Optional Rider 1 For Domestic Coverage

No. of Days	Adult	Senior Citizen	Child	Family
	(RM)			
1 – 5 days	<input type="checkbox"/> 9	Not Available	<input type="checkbox"/> 9	<input type="checkbox"/> 28
6 – 10 days	<input type="checkbox"/> 14		<input type="checkbox"/> 14	<input type="checkbox"/> 37
11 – 15 days	<input type="checkbox"/> 18		<input type="checkbox"/> 18	<input type="checkbox"/> 51
16 – 22 days	<input type="checkbox"/> 23		<input type="checkbox"/> 23	<input type="checkbox"/> 66
23 – 30 days	<input type="checkbox"/> 28		<input type="checkbox"/> 28	<input type="checkbox"/> 75
Annual	<input type="checkbox"/> 56		<input type="checkbox"/> 56	Not Available

#### Notes:

- Overseas (Asia/Worldwide) Coverage
  - Maximum period of coverage per journey/trip is two hundred (200) consecutive days for one way or return trip.
  - Maximum period of coverage per journey/trip is ninety (90) consecutive days for annual policy.
  - Maximum period of coverage per journey/trip for High Altitude Mountaineering activities is thirty (30) days.
  - Each journey/trip must begin and end in Malaysia except for one way journey/trip.
- Domestic Coverage
  - Maximum period of coverage per journey/trip is thirty (30) consecutive days for one way/return trip or annual policy.
  - Premium is subject to Service Tax.
- Overseas & Domestic Coverage
  - Premium is subject to Service Tax.

### Geographical Area

Asia	Singapore, Thailand, Indonesia, Philippines, Brunei, Taiwan, Korea, China including Hong Kong and Macau, Laos, Vietnam, Myanmar, Cambodia, India, Sri Lanka, Maldives, Bangladesh, Nepal, Australia, New Zealand and Japan.
Worldwide	All countries including Asia (as defined above) except excluded countries.
Domestic	Anywhere within Malaysia only.
Excluded Countries	Israel, Iran, Syria, Belarus, Cuba, Democratic Republic of Congo, North Korea, Somalia, Sudan, South Sudan, Zimbabwe and all other sanctioned and war declared countries.

### Part 4 – Mode Of Payment

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

Cheque No. :

### Credit/Debit Card Payment MasterCard Visa

#### Direct Debit Authorization

Cardholder hereby requests and authorizes the Company to debit the premium and such amount payable as Service Tax to Credit/Debit Card account as indicated below for insurance policy applied for herein.

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 Proposer	<input type="text"/> Code: [01] Own [02] Spouse [03] Parents [04] Children	

- 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 Proposer's relationship with the Cardholder is found to be untrue.



## Part 7 – 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 [05] Business Registration No.																			
ID No.																				

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

## Part 8 – 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 Proposer	Name of Nominee	ID Type*	ID No.	Nationality	Relationship to Insured	Share (%)
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				

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

*Please attach separate sheet if space is insufficient.*

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	<input type="text"/>
ID Type*	<input type="text"/>
ID No.	<input type="text"/>
Contact No.	<input type="text"/> - <input type="text"/>
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature of Proposer

Name	<input type="text"/>
ID Type*	<input type="text"/>
ID No.	<input type="text"/>
Contact No.	<input type="text"/> - <input type="text"/>
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Notes: 1. \*ID Type: [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 9 – 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](http://allianz.com.my) to view Privacy Statement (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 the insurance coverage applied for herein and facilitate the Company’s functions as an insurance company in accordance with the Company’s Privacy Statement. By signing on this proposal form, you, as the Proposer and/or Cardholder, consent to the use of your personal data for the purposes stated in the Company’s Privacy Statement. Where you have provided personal data of another individual, you confirm that you have obtained such individual’s consent to do so.

## Part 10 – Declaration

I/We hereby declare that I/We have fully and accurately answered the questions in this proposal form and have not withheld any information likely to affect the acceptance of this proposal. I/We acknowledge that the liability of the Company does not commence until this proposal is accepted by the Company and the premium is paid to the Company (where the policy is to be issued to individuals).

For Individual Client	
<p style="text-align: center;">_____ Signature of Proposer</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>ID Type <input style="width: 30px;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army</p> <p>ID No. <input style="width: 100%;" 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>	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">D</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">D</div> <div style="font-size: 10px;">-</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">M</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">M</div> <div style="font-size: 10px;">-</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> </div> <p style="margin-top: 5px;">Date</p>

For Company Client		
	Witness By:	For and on Behalf of the Employer
Signature		
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Designation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">D</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">D</div> <div style="font-size: 10px;">-</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">M</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">M</div> <div style="font-size: 10px;">-</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> </div>	

**Part 11 – Particulars Of Person To Be Insured**

No.	Name	ID Type*	ID No.	Date of Birth	Nationality	Relationship to Principal	Plan	Premium (RM)
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="text"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	

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No.	Name	ID Type*	ID No.	Date of Birth	Nationality	Relationship to Principal	Plan	Premium (RM)
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
		<input type="checkbox"/>					<input type="checkbox"/> Adult <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Additional Sports (Opt Rider 1) <input type="checkbox"/> Additional Sports (Opt Rider 2)	
Total Premium (RM)								
Service Tax (RM)								
Stamp Duty (RM)								10.00
Total Payable (RM)								

Please attach separate sheet if space is insufficient.

Notes: 1. \*ID Type: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army  
 2. The following coverages are subject to Service Tax:  
 (a) Domestic & Oversea  
 (b) Domestic only