

Allianz MediCure 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 Contracts 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 and shall form part of the insurance policy with Allianz General Insurance Company (Malaysia) Berhad ("Company/we/us"). 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.

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.

You have the right to return or cancel your policy by giving us a written request and by returning this policy to us within fifteen (15) days ("free look period") or such longer period as may be specified by Bank Negara Malaysia, from the date of receipt of this policy by you, if, for any reason, you are not satisfied with this policy. If returned, this policy will be considered void from the beginning and We will refund to you the premiums that you have paid for this policy less any expenses incurred for medical examination (if any).

It may not be advantageous to replace an existing medical insurance policy with a new one. If you intend to do so, we recommend that you consult your present insurer before making a final decision.

Please retain the official receipt as proof of payment.

Period of Insurance:

From - To -

Agent Code:

-



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"/>			
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"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Height	<input type="text"/> cm	Weight	<input type="text"/> kg	
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others (please specify)		
Occupation	<input type="text"/>			
*Nature of Business	<input type="text"/>			

Note: *If Proposer is Corporate Body, Nature of Business is required.

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   AllianzMalaysia  allianz.com.my



PBPF090800

PART 2 - QUESTIONNAIRE

No.	Questions	Yes	No
1.	Have your applications for any Medical & Health Insurance or Life Insurance been declined, restricted or otherwise accepted with modified terms?	<input type="checkbox"/>	<input type="checkbox"/>
2.	<p>Have you ever suffered from or been diagnosed with or are receiving any medical treatment or under medication or been hospitalized for:</p> <p>(a) Cancer/Carcinoma/Malignancy, Leukaemia, Cerebral Palsy, Epilepsy, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), Autoimmune Disease, Systemic Lupus Erythematosus (SLE), Psychiatric/Mental, Nervous Disorder, Autism or Down Syndrome?</p> <p>(b) Diabetes, Hypertension, Raised Cholesterol, Chest Pain, Palpitation, Heart Attack, Stroke or other Disease of the Heart or Blood Vessel, Disease of the Kidneys?</p> <p>(c) Asthma, Bronchitis, Pneumonia, Tuberculosis, Lung Disease or other Respiratory Disorder?</p> <p>(d) Hernias, Peptic Ulcer, Gastritis, Disease of the Stomach or Intestine?</p> <p>(e) Jaundice, Liver or Gallbladder Disease or any type of Hepatitis?</p> <p>(f) Persistent Protein or Blood in the Urine, Kidney Stone, Prostate, Genito-Urinary System?</p> <p>(g) Goiter or Disease of Thyroids, Endocrine or other Glands?</p> <p>(h) Cyst, Growth, Lumps or Tumor or any kind of Skin Disease?</p> <p>(i) Disease of the Eyes, Ears, Nose, Mouth or Throat?</p> <p>(j) Venereal Disease (e.g. Gonorrhea, Syphilis)?</p> <p>(k) Arthritis, Gout, Rheumatism or Disease or Disorder of the Muscles, Bones or Backache or Spine Disorders, Varicose Veins or Deep Vein Thrombosis?</p> <p>(l) Stones in the Urinary and Biliary System?</p> <p>(m) Any other Illness, Disease, Injury, Disabilities not mentioned above?</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Do you suffer from any physical impairment, infirmity, abnormality or congenital conditions? If Yes, please complete Activities of Daily Living (ADL) below:</p> <p>(a) Get in and out of a chair without requiring any third party physical assistance.</p> <p>(b) Move from room to room without requiring any third party physical assistance.</p> <p>(c) Able to voluntarily control bowel and bladder functions i.e. to main personal hygiene.</p> <p>(d) Put on and take off all necessary items of clothing without requiring any third party physical assistance.</p> <p>(e) Able to take a bath or shower (including getting in our out of the bath or shower) or wash by any other means.</p> <p>(f) Physically able to eat food and put food into the mouth.</p> <p>Note: *Activities of Daily Living mean the ability to carry out any of the above activities.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever undergone any surgical procedure or been advised to have a surgical procedure but subsequently did not go through with such procedure?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you in the past twelve (12) months had or been advised to have any Electrocardiogram, X-Ray, Blood or Urine Test or Diagnostic Tests?	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Female Only</p> <p>(a) Are you now pregnant? If Yes, what stage of pregnancy are you at? <input type="text"/> <input type="text"/> Months</p> <p>(b) Have you ever had any disorder of the Breast or Female Organs, Menstrual Disorder, Abnormal Pap-Smear(s) or complications at Childbirth?</p>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Children Below 2 years of age</p> <p>Was the child born premature or pre-term? If Yes, in what month/week of the pregnancy was the child born?</p> <p><input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> weeks</p>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If Proposer is a Corporate Body, the questions is only applicable if number of insured person between 1 to 20 persons.

If any of the answers is 'Yes' to the above questions, please give details below and number your answers to correspond with the number of the questions.

No.	Details

PART 3 - DETAILS OF REGULAR DOCTOR

Name of Doctor	Address	Contact No.	Date of Last Consultation	Reason(s) for Consultation

Please attach separate sheet if space is insufficient.

PART 4 - PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

Plan Required	Non Cashless	Cashless*	Premium (RM)	Deductible (Optional)	Total Premium (RM)
<input type="checkbox"/> Plan 1 OAL RM50,000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Option 1 RM10,000	
<input type="checkbox"/> Plan 2 OAL RM80,000				<input type="checkbox"/> Option 2 RM20,000	
<input type="checkbox"/> Plan 3 OAL RM120,000				<input type="checkbox"/> Option 3 RM30,000	
<input type="checkbox"/> Plan 4 OAL RM150,000				<input type="checkbox"/> Option 4 RM40,000	
<input type="checkbox"/> Plan 5 OAL RM250,000				<input type="checkbox"/> Option 5 RM50,000	
MCO Fee (RM)					
Service Tax (RM)					
Stamp Duty (RM)					
Total Amount (RM)					

Notes: 1. *MCO Fee RM19.44 (inclusive 8% Service Tax) will be charged separately for Cashless Plan.

2. For Corporate Body, premium is subject to 8% of Service Tax.

3. Premium is further subject to RM10 Stamp Duty.

4. The Service Tax ("ST") amount herein may be subject to change as the ST rate applied shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.

PART 5 - MODE OF PAYMENT

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

Cheque No. :

CREDIT/DEBIT CARD PAYMENT

Type of Card Credit Card Debit card

Credit/Debit Card Master Card 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, parents or children.

2. The Company reserves the right to immediately cancel this policy or renewal if the Proposer and Insured Person's relationship with the Cardholder is found to be untrue.

PART 6 - TERMS AND CONDITIONS FOR PAYMENT SECTION ONLY

- 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 Proposer and/or Insured Person.
- Proposer and 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.
- Proposer and Cardholder understand and agree that for the renewal of this policy and pursuant to the above payment instructions, the Credit/Debit Card will continue to be charged for the renewal by the Company unless Proposer informs the Company otherwise.
- Proposer and 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.

- Proposer and 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.
- Proposer and Cardholder declare that at the time of application, Proposer and Cardholder 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.
- Proposer and 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.
- Proposer and 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, Proposer and Cardholder shall keep the Company informed in writing or by giving fresh standing instruction. Further, Proposer and Cardholder agree that the Terms and Conditions for Credit/Debit Card payment shall apply and a copy of the Terms and Conditions shall be made available upon request.

Signature of Proposer	Signature of Cardholder
Name <input style="width: 95%;" type="text"/>	Name <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
*ID Type <input style="width: 100px;" type="text"/>	*ID Type <input style="width: 100px;" type="text"/>
ID No. <input style="width: 95%;" type="text"/>	ID No. <input style="width: 95%;" type="text"/>
Date <input style="width: 100px;" type="text"/>	Date <input style="width: 100px;" type="text"/>

- Notes: 1. *Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.
 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 Proposer, please sign on the Cardholder portion only.

PART 7 - FOR SUBMISSION BY INTERMEDIARIES

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

Intermediaries <input style="width: 95%;" type="text"/>	Mobile No. <input style="width: 100px;" type="text"/>
Name <input style="width: 95%;" type="text"/>	Phone No. <input style="width: 100px;" type="text"/>
Intermediaries Code <input style="width: 95%;" type="text"/>	Date <input style="width: 100px;" type="text"/>

PART 8 - BANK DETAILS (OPTIONAL)

Type of Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (please specify) <input style="width: 100px;" type="text"/>	
Account Holder Name	<input style="width: 95%;" type="text"/>	
Account No.	<input style="width: 95%;" type="text"/>	
Bank Name	<input style="width: 95%;" type="text"/>	
Bank Address	<input style="width: 95%;" type="text"/>	
Postcode	<input style="width: 50px;" type="text"/>	City <input style="width: 95%;" type="text"/>
State	<input style="width: 95%;" type="text"/>	
Country	<input style="width: 95%;" type="text"/>	
ID Captured when open bank account for verification	<input style="width: 95%;" type="text"/>	
ID Type	<input style="width: 30px;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.	
ID No.	<input style="width: 95%;" type="text"/>	

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

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 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 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 hereby declare that I have fully and accurately answered the questions in this proposal form. I hereby authorize any hospital, surgeon, medical practitioner or clinic or other person who attends to me 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 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

Signature of Proposer	Signature of Witness
Name	Name
ID Type	ID Type
ID No.	ID No.
Date	Date

Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army

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.

For Company Client

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer
Signature	Name	Name	
Designation	Date	Date	