

Group Drive Smart Shield 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 - BENEFIT DETAILS

Benefits	Principal Sum Insured (RM)				
	Plan A	Plan B	Plan C	Plan D	Plan E
Accidental Death	10,000	20,000	30,000	40,000	50,000
Permanent Disablement (up to)	10,000	20,000	30,000	40,000	50,000
Medical Expenses (up to)	500	1,000	1,500	2,000	2,500
Funeral Expenses	500	1,000	1,500	2,000	2,500
Dental Correction and/or Corrective Cosmetic Surgery (up to)	500	1,000	1,500	2,000	2,500
Hospital Income (per day, up to 180 days)	50	50	50	50	50
Repatriation Expenses (up to)	1,000	1,000	1,000	1,000	1,000
Renewal Bonus (applies only to the driver of the Named Vehicle)	10% per annum (up to maximum of 50%)				

PART 3 - PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

Seating Capacity (Including Driver)	Annual Premium (RM)				
	Plan A	Plan B	Plan C	Plan D	Plan E
1	<input type="checkbox"/> 37.74	<input type="checkbox"/> 66.04	<input type="checkbox"/> 89.62	<input type="checkbox"/> 117.92	<input type="checkbox"/> 141.51
2 – 5	<input type="checkbox"/> 165.09	<input type="checkbox"/> 273.58	<input type="checkbox"/> 349.06	<input type="checkbox"/> 490.57	<input type="checkbox"/> 599.06
6 – 10	<input type="checkbox"/> 330.19	<input type="checkbox"/> 547.17	<input type="checkbox"/> 702.83	<input type="checkbox"/> 981.13	<input type="checkbox"/> 1,198.11
11 – 18	<input type="checkbox"/> 594.34	<input type="checkbox"/> 985.85	<input type="checkbox"/> 1,268.87	<input type="checkbox"/> 1,764.15	<input type="checkbox"/> 2,155.66
19 – 27	<input type="checkbox"/> 891.51	<input type="checkbox"/> 1,481.13	<input type="checkbox"/> 1,900.94	<input type="checkbox"/> 2,650.94	<input type="checkbox"/> 3,231.13
28 – 36	<input type="checkbox"/> 1,188.68	<input type="checkbox"/> 1,976.42	<input type="checkbox"/> 2,537.74	<input type="checkbox"/> 3,533.02	<input type="checkbox"/> 4,311.32
37 – 45	<input type="checkbox"/> 1,485.85	<input type="checkbox"/> 2,471.70	<input type="checkbox"/> 3,174.53	<input type="checkbox"/> 4,415.09	<input type="checkbox"/> 5,391.51
46 – 55	<input type="checkbox"/> 1,816.04	<input type="checkbox"/> 3,018.87	<input type="checkbox"/> 3,877.36	<input type="checkbox"/> 5,400.94	<input type="checkbox"/> 6,589.62
				Premium (RM)	
				Service Tax (RM)	
				Stamp Duty (RM)	10.00
				Total Payable (RM)	

- Notes: 1. Premium is subject to Service Tax.
2. Please provide the vehicle details under PART 8.

PART 4 - MODE OF PAYMENT

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

Cheque No. :

PART 5 - BANK DETAILS

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	<input type="checkbox"/>	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.																		
ID No.																				

PART 6 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at 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.

PART 7 - DECLARATION

We hereby declare and warrant that the answers/information given in every respect are true and correct and We have not withheld any information likely to affect the acceptance of this proposal and We agree that this proposal and declaration shall be the basis of the contract between the Company and ourselves and We further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.

Witness By:

For and on Behalf of the Employer

Stamp of the Employer

Signature

Name																				
Designation																				
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"/>	<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"/>

