# Allianz General Insurance Company (Malaysia) Berhad (735426-V)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)



Agent Code:

# **Group Fisherman 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

Period of Insurance:

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.

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Please complete in C	APITAL LETTER	S/Tick 🕢 in the a	appropriate boxes.			
PART 1 - PARTICU	LARS OF PROP	OSER				
Salutation	Mr. N	Madam Miss	Others (please specify)			
Name						
Address						
Non- residential						
Residential						
Postcode		City				
State						
Country						
Contact No.	Mobile	-		House	-	
Contact No.	Office	-		Fax	-	
e-mail						
Website						
ID Type	Code:	[01] NRIC [02] OI	d IC/Others [03] Passport	[04] Police/Army [0	05] Business Regi	stration
ID No.						
Date of Birth		-		Gender Ma	le Female	
Marital Status	Single	Married D	ivorce/Widowed			
Nationality	Malaysian	Others (please spec	ify)			
Nature of Business/ Occupation						

PART 2 - BOAT DE	TAILS
Boat Registration No.	
Boat License No.	

# PART 3 - PLAN REQUIRED AND PREMIUM DETAILS

Eligibility	Benefit Plan	Death/Permanent Disablement	Weekly Hospital Income	Medical Expenses	Premium (RM)
	I	RM 5,000		RM500	15.00
Named or Unnamed Basis	II	RM10,000	RM50 per week	(Excess RM50 each	24.00
Omanios Basis	III	RM15,000		and every claim)	32.00
	IV	RM20,000		RM1,000	52.00
Named Basis Only	V	RM30,000	RM100 per week	(Excess RM50 each	75.00
	VI	RM50,000		and every claim)	102.00

Notes:

- 1. Plan IV, V and VI may only be taken up on Named Basis only.
- 2. 24-Hour coverage may only be given to Named Workers, who are Malaysian, Unnamed and Non-Malaysian will only be covered whilst on the fishing vessel.
- 3. Non-Malaysian can only be covered if they are holding valid work permits issued by the relevant Government Department.
- 4. All Unnamed workers must be under the same Plan i.e., with the Same Sum Insured.
- 5. The number of workers Insured must be equal to the number of workers stated in the Boat License issued by the relevant Government Authority.
- 6. Premium subject to Service Tax.

**PART 4 - MODE OF PAYMENT** 

7. Please provide the workers details under PART 8.

We enclose cash/c (Malaysia) Berhad.		made payable to Allianz General Insurance Company
Cheque No:		
PART 5 - BANK DE	ETAILS	
Type of Account	Saving Current 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] Po	olice/Army [05] Business Registration
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 it 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	DD-MM-YYYY		

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Ö	Name	ID ID No. Type*	Date of Birth	Gender	Nationality	Occupation	Plan	Premium (RM)
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							N	
							N	
							N	
							N	
							N	
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							2	
							N	
							IV V VI	
							IV V VI	
							IV V VI	
							N	
							Total Premium (RM)	
							Service Tax (RM)	
							Stamp Duty (RM)	10.00
							Total Payable (RM)	
Note:	*ID 1, 20.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Plance attach caparate chart if course is inclufficient	trainiffication is according to

Please attach separate sheet if space is insufficient.

Note: 1. \*ID Type: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army PBPFE020401 09/18 page 4/4