Allianz Care SMI 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:

From D D – M M – Y Y Y Y To D D – M M – Y Y Y Y

Agent Code: _____ – _____

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

PART 1 - PARTICULARS OF PROPOSER (FORM A)

Name			
Address			
Postcode		City	
State			
Country			
Phone No.	–	Fax. No.	–
e-mail			
Website			
Business Reg. No.			
Nature of Business			
Contact Person 1			
Contact Person 2			

Note: 1. Premium is to be paid annually.

PART 2 – INSURANCE PLAN REQUIRED, PLEASE TICK ☑ PLAN SELECTED

☐ Medical ☐ Opt 1 – Outpatient Clinical (Rider to Hospitalization) ☐ Opt 2 – Group Personal Accident

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	☐ 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] Police/Army [05] Business Registration No.
ID No.	

PART 5 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at https://www.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 6 - 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	D D – M M – Y Y Y Y	D D – M M – Y Y Y Y	

Note: 1. This form must be filled by the Employer. Please ensure that it is completed before submitting to Allianz General Insurance Company (Malaysia) Berhad to avoid delay in processing.

ENROLLMENT AND HEALTH DECLARATION FORM (FORM B)

Name of Employer

No. of Employees

Intermediary & Type of Industry

I, the undersigned hereby declare that the following names are bonafide full time regular and actively at work employees as of to date with the Company. For this policy to be effective, there must be a 100% participation of eligible employees. Dependants' coverage will only be effective provided ALL of the eligible dependants are enrolled into the scheme.

Note: Allianz General Insurance Company (Malaysia) Berhad reserves the right to request for further health evidence if deemed necessary.

Name

Designation

Date – –

MEMBER DETAILS AND PLAN REQUIRED, PLEASE TICK ☑ PLAN SELECTED

No.	Proposed Employee	Date of Birth	Gender	Nationality	Occupation	Relationship to Employee	Scheme*			Effective Date For		Office Use Only
							Medical (Plan)	Opt 1 - Outpatient Clinical (OP)	Opt 2 - GPA	Coverage (dd/mm/yyyy)	Termination (dd/mm/yyyy)	
1.	Name ID Type** ID No.					☐ Employee ☐ Spouse ☐ Child	☐	☐	☐ Plan 1 - 70,000 ☐ Plan 2 - 50,000 ☐ Plan 3 - 30,000 ☐ Plan 4 - 10,000			
2.	Name ID Type** ID No.					☐ Employee ☐ Spouse ☐ Child	☐	☐	☐ Plan 1 - 70,000 ☐ Plan 2 - 50,000 ☐ Plan 3 - 30,000 ☐ Plan 4 - 10,000			
3.	Name ID Type** ID No.					☐ Employee ☐ Spouse ☐ Child	☐	☐	☐ Plan 1 - 70,000 ☐ Plan 2 - 50,000 ☐ Plan 3 - 30,000 ☐ Plan 4 - 10,000			
4.	Name ID Type** ID No.					☐ Employee ☐ Spouse ☐ Child	☐	☐	☐ Plan 1 - 70,000 ☐ Plan 2 - 50,000 ☐ Plan 3 - 30,000 ☐ Plan 4 - 10,000			
5.	Name ID Type** ID No.					☐ Employee ☐ Spouse ☐ Child	☐	☐	☐ Plan 1 - 70,000 ☐ Plan 2 - 50,000 ☐ Plan 3 - 30,000 ☐ Plan 4 - 10,000			

Notes: 1. *Please indicate the plans purchased. For Opt 1 – Outpatient Clinical & Opt 2 – Group Personal Accident – please ☑ if applicable

Please attach separate sheet if space is insufficient.

2. **ID Type: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
3. This form must be filled by the Employer. Please ensure that it is completed before submission to Allianz General Insurance Company (Malaysia) Berhad to avoid delay in processing. All employees are required to complete an Individual Personal Health Declaration Form (PHD) – Form C as attached (Applicable for No. of Employees of 5 to 20 Employees only)

PERSONAL HEALTH DECLARATION (PHD) (FORM C)

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

Company Name			
Employee Name			
ID Type	Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army		
ID No.			
Date of Birth	– –		
Gender	Male Female	Height cm	Weight kg
Occupation			

QUESTIONNAIRE

No.	Questions	Yes	No	Details
1.	Have you consulted a doctor for any reason or had any blood tests, X-ray, ECG and other lab investigation done or been hospitalized in the last 5 years? If Yes, please give details and date of consultation, diagnosis name, result, name and address of clinic.			
2.	Have you ever been treated or told to have heart disease, high blood pressure, diabetes, lung disease, cancer or any other serious illness and have been advised to have any surgical operation? If Yes, please give names, dates, results, recovery status and any relevant details.			
3.	Have your applications for any Medical and Health Insurance or Life Insurance been declined, restricted or accepted at other than normal terms? If Yes, please give full particulars.			

DETAILS OF REGULAR DOCTOR

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

All the above statements are true and complete to the best of my knowledge and belief and I understand that the Company, believing them to be such will rely and act on them. Furthermore, I authorize any physician or hospital or any organization that has any record or knowledge of me or my health, to furnish the Company with information concerning my medical history and physical condition. A photocopy of this authorization shall be as effective and valid as the original.

Employee's Signature

D D – M M – Y Y Y Y

Date

Note: 1. Allianz General Insurance Company (Malaysia) Berhad ('Company') reserves the right to request for further health evidence if deemed necessary. This form must be filled by the employees. Please ensure that it is completed before submitting to the Company to avoid any delay in processing.

ANNUAL PREMIUM COSTING SHEET (EXCLUSIVE OF SERVICE TAX 6%)

Annual Premium for Cashless Plan*

Plan	Employee Only (RM)	Headcount	Employee & Spouse (RM)	Headcount	Employee & Children (RM)	Headcount	Employee & Family (RM)	Headcount	Sub-total (RM)
1	1,381.00		3,454.00		3,454.00		5,527.00		
2	932.00		2,332.00		2,332.00		3,730.00		
3	702.00		1,759.00		1,759.00		2,813.00		
4	416.00		1,042.00		1,042.00		1,668.00		

Note: 1. *MCO Fees will be charged separately.

Annual Premium for Non-cashless Plan

Plan	Employee Only (RM)	Headcount	Employee & Spouse (RM)	Headcount	Employee & Children (RM)	Headcount	Employee & Family (RM)	Headcount	Sub-total (RM)
1	748.00		1,872.00		1,872.00		2,995.00		
2	590.00		1,476.00		1,476.00		2,363.00		
3	444.00		1,114.00		1,114.00		1,782.00		
4	324.00		810.00		810.00		1,297.00		

Optional		Annual Premium Per Insured Person (RM)	Headcount	Sub-total (RM)
Opt 1 - Outpatient Clinical	per member	805.00		, .
Opt 2 - Group Personal Accident	per member	☐ Plan 1 - 48.00 ☐ Plan 2 - 34.00 ☐ Plan 3 - 20.00 ☐ Plan 4 - 6.00		, . , . , . , .
Total Premium for Opt 1 - Outpatient Clinical and Opt 2 - Group Personal Accident (RM)				

Annual MCO Fees Schedule

Hospitalization	RM19.08 per person
MCO Fees for combined Outpatient Clinical and Hospitalization	RM40.28 per person

ANNUAL PREMIUM COSTING SHEET SUMMARY

	Premium (RM)
Medical	
Opt 1 - Outpatient Clinical	
Opt 2 - Group Personal Accident	
Service Tax 6%	
Stamp Duty (RM)	10.00
Total Premium including Service Tax 6% and Stamp Duty (RM)	
MCO Fees	
Total Payable (RM)	

Allianz Customer Service Center
Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Allianz Contact Center: 1 300 22 5542 Email: customer.service@allianz.com.my
AllianzMalaysia allianz.com.my