
**ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD 200601015674
(735426-V)**

**Menara Allianz Sentral, 203 Jalan Tun Sambanthan, Kuala Lumpur Sentral,
50470 Kuala Lumpur**

**GROUP PERSONAL ACCIDENT INSURANCE
FOR TOUCH 'N GO SDN BHD
POLICY NO.: 23PKJ0007305**

WHEREAS the **Policyholder** described in the **Schedule**, by a proposal and declaration which shall be the basis of the contract and is deemed to be incorporated herein, has applied to **Allianz General Insurance Company (Malaysia) Berhad (200601015674 (735426V))** (hereinafter called the "**Company**") for the insurance hereinafter contained and the **Insured Person** has paid or has agreed to pay to the **Company** the premium stated in the **Schedule** or the **Endorsement** as consideration for the insurance for the period stated therein.

NOW THIS POLICY OF INSURANCE WITNESSETH that if during the **Period of Insurance** any of the **Insured Person** shall sustain bodily injury caused by an **Accident** which shall solely and independently of any other cause result in such **Insured Person's** death or disablement as hereinafter defined, the **Company** will, subject to the terms, exclusion, provisos and conditions of and endorsed on this **Policy**, pay to the **Insured Person** the sum or sums of money specified in the **Schedule** in accordance with the benefits herein.

Issued at Kuala Lumpur on

Signed for and on behalf of

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD

PART 1 – BENEFITS

The following benefits are payable up to the **Sum Insured** as stated in the **Schedule** according to the plan selected by the **Insured Person** and subject to the terms and conditions of this **Policy**.

A. DEATH OR PERMANENT DISABLEMENT

In the event of an **Accident** during the **Period of Insurance** causing an **Injury** resulting in death or **Permanent Disablement** to the **Insured Person** occurring within twelve (12) calendar months from the **Date of Accident**, the **Company** shall pay the death or **Permanent Disablement** benefit, as the case may be, according to the percentage of the **Sum Insured** as stated in the Scale of Benefits below.

Scale of Benefits	Percentage (%) of Sum Insured
Death	100%
Permanent Disablement	
Loss of two limbs	100%
Loss of both hands or of all fingers and both thumbs	100%
Loss of sight of both eyes	100%
Total paralysis from neck down	100%
Injury resulting in the Insured Person being permanently bedridden	100%
Loss of arm at shoulder	100%
Loss of arm between shoulder and elbow	100%
Loss of arm at elbow	100%
Loss of arm between elbow and wrist	100%
Loss of hand at wrist	100%
Loss of leg	
- at hip	100%
- between knee and hip	100%
- below knee	100%
Eye : Loss of	
- whole eye	100%
- all sight in one eye	100%
- sight of except perception of light	50%
Loss of four fingers (except thumb) and thumb of one hand	50%
Loss of four fingers (except thumb)	40%
Loss of thumb	
- both phalanges	30%
- one phalanx	15%
Loss of index finger	
- three phalanges	15%
- two phalanges	10%
- one phalanx	5%
Loss of middle finger	
- three phalanges	8%
- two phalanges	5%
- one phalanx	3%

Loss of ring finger	- three phalanges	6%
	- two phalanges	5%
	- one phalanx	3%
Loss of little finger	- three phalanges	5%
	- two phalanges	4%
	- one phalanx	3%
Loss of metacarpals	- first or second (additional)	4%
	- third, fourth or fifth (additional)	3%
Loss of toes	- All (of one foot)	20%
	- great, both phalanges	8%
	- great, one phalanx	3%
	- other than great, if more than one toe	2%
Permanent loss of hearing in both ears and speech		100%
Loss of hearing	- both ears	75%
	- one ear	15%
*Loss of speech	-	50%
Shortening of arm	- more than 1" (inch) up to 2" (inches)	2.5%
	- more than 2" (inches) up to 4" (inches)	5%
	- more than 4" (inches)	12.5%
Shortening of leg	- more than 1" up to 2" (inches)	5%
	- more than 2" (inches) up to 4" (inches)	10%
	- more than 4" (inches)	25%

Where the **Injury** is not specified, the **Company** reserves the right to adopt an appropriate percentage of the **Sum Insured** for the disablement which, in its opinion, is not inconsistent with the provisions of the Scale of Benefits above.

*Permanent total loss of use of a part of a body shall be treated as a loss of the part of the body.

*Loss of Speech shall mean total permanent inability to communicate verbally.

The aggregate of all percentages payable under the death or **Permanent Disablement** benefit for the entire **Period of Insurance** shall not exceed one hundred percent (100%) of the **Sum Insured**.

Losses lesser than one hundred percent (100%), if having been paid shall reduce the Sum Insured by that amount from the **Date of Accident** until the expiry of the **Period of Insurance**.

In the event a total of one hundred percent (100%) of the **Sum Insured** has been paid during the **Period of Insurance**, all insurance under the **Schedule** of the **Insured Person** shall immediately cease to be in force and upon payment of the **Sum Insured**, the **Company's** obligation under the relevant **Schedule** shall be fully discharged.

B. LOSS OF OR DAMAGE TO PERSONAL EFFECTS

(1) In the event of:

- (a) **Snatch Theft** or **Attempted Snatch Theft**; or
- (b) forcible and violent break-in into the Insured Person's vehicle, subject to the vehicle being secured/locked;

which results in loss or damage to the **Insured Person's**:

- (i) wallet, purse or bag together with the contents therein; or
- (ii) any valuables or jewellery worn by the **Insured Person** at the time of the incident;

the **Company** will pay the **Insured Person** the amount specified in the **Schedule** for each incident.

(2) This benefit is only payable provided a police report of the incident resulting in the loss or damage to the **Insured Person's** personal effects is lodged within twenty-four (24) hours of occurrence of the incident.

(3) Where loss or damage to the **Insured Person's** personal effects was due to a forcible break-in into the **Insured Person's** vehicle, the Company will not pay this benefit if such personal effects were not completely out of sight in the trunk of the vehicle, with the vehicle fully locked and its windows closed.

(4) This benefit is limited to two (2) claims during the **Period of Insurance**.

C. KEY CARE

(1) In the event the **Car Keys** to the **Insured Person's** vehicle is lost or stolen due to:

- (a) **Snatch Theft** or **Attempted Snatch Theft**; or
- (b) forcible and violent break-in into the **Insured Person's** home;

the **Company** will reimburse the **Insured Person** the actual expenses incurred in replacing one (1) set of the said **Car Keys** up to the amount as specified in the **Schedule**.

(2) This benefit is only payable provided a police report of the incident resulting in the loss of the **Car Keys** is lodged within twenty-four (24) hours of occurrence of the incident.

(3) This benefit is limited to one (1) claim during the **Period of Insurance**.

D. LOSS OF TOUCH 'N GO NFC CARD

(1) In the event the Insured Person's Touch 'n Go NFC Card is lost or stolen due to:

- (a) **Snatch Theft** or **Attempted Snatch Theft**; or
- (b) forcible and violent break-in into the **Insured Person's** vehicle, subject to the vehicle being secured/locked;

the **Company** will pay the **Insured Person** the amount specified in the **Schedule** for each incident.

(2) This benefit is limited to two (2) claims during the **Period of Insurance**.

E. TRANSPORT ALLOWANCE

(1) The **Company** will pay the **Insured Person** the amount specified in the **Schedule** for transportation charges incurred by the **Insured Person** to travel to a hospital located within Malaysia for admission due to an **Accident**.

(2) This benefit is limited to one (1) claim during the **Period of Insurance**.

PART 2 – CONDITIONS

1. CONDITION PRECEDENT TO LIABILITY

The due observance and fulfillment of the terms and conditions of this **Policy** insofar as they relate to anything to be done or not to be done by the **Insured Person** or his/her legal representative shall be conditions precedent to any liability of the **Company** to make any payment under this **Policy**.

2. NOTICE

Every notice or communication to be given or made under this **Policy** by the **Insured Person** or his/her legal personal representative shall be delivered in writing to the Head Office or any branch office of the **Company**.

3. ELIGIBILITY

The **Insured Person** must be a Malaysian, Malaysian permanent resident, work permit holder, pass holder or is otherwise legally employed in Malaysia or is legally residing in Malaysia, aged from eighteen (18) years up to seventy (70) years, and is a Touch 'n Go cardholder who has linked

his or her Touch 'n Go card to his or her Touch 'n Go eWallet throughout the **Period of Insurance**. Ages referred to in this **Policy** shall be in reference to the age as at the last birthday.

An **Insured Person** is limited to only one application per **Insured Person** for a given **Period of Insurance**. In the event an **Insured Person** has submitted more than one application for the same or overlapping **Periods of Insurance**, the earliest application shall prevail and any subsequent application(s) shall be void and the Company shall refund the total premiums paid for such subsequent application(s).

4. CHANGE OF ADDRESS OR PARTICULARS

The **Insured Person** shall give immediate written notice to the **Policyholder** who will thereafter notify the **Company** of any change in his/her name, or residence or business address.

5. ALTERATIONS

The **Company** reserves the right to amend the terms and conditions of this **Policy** and such alteration to this **Policy** shall only be valid if authorised by the **Company** and endorsed hereon. Any alteration shall take effect from the next renewal of this **Policy**.

6. CLAIMS

(a) Notice of Claims

All claims must be given in writing to the **Company** within thirty (30) days from the **Date of Loss/Accident**.

The **Insured Person** shall produce for the **Company's** examination all relevant documents at such reasonable times and shall co-operate with the **Company** in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the **Insured Person's** claim. Written notice of claim given by or on behalf of the **Insured Person** to the Head Office or any Branch Office of the **Company** in Malaysia or to any authorized agent of the **Company** shall be deemed notice to the **Company**.

The benefit for **Permanent Disablement** is only payable if the **Insured Person** furnishes the **Company** with a copy of the medical report issued by a **Medical Practitioner** confirming the **Permanent Disablement**.

(b) Proof of loss

Written proof of loss, including but not limited to medical reports, original **receipts**, police report and such other proof as required to support the nature of the claim, must be furnished to the **Company** within ninety (90) days from the **Date of Accident**.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

All documents and evidence must be provided at the expense of the **Insured Person** or the person entitled to receive moneys through the **Insured Person**, as the case may be ("Claimant"), in the form and nature required by the **Company**.

7. POLICY RENEWAL

This **Policy** is issued on a one-year renewable basis and may be renewed thereafter for subsequent terms of one (1) year subject to the consent of the **Company**.

8. INSURED PERSON'S COVERAGE

The insurance cover of the **Insured Person** under this **Policy** which is the **Period of Insurance** shall be set out in the **Endorsement** and shall be for a period of one (1) month. The **Insured Person** is limited to one (1) coverage only under this **Policy** during a subsisting **Period of Insurance** and a fresh coverage may only be effected for such **Insured Person** after expiry of a prior **Period of Insurance**, subject to the terms and conditions herein.

9. PREMIUM PAYMENT

The **Policyholder** shall provide the **Company** on a monthly basis the relevant details of the **Insured Person** that is to be covered under this **Policy**, together with the full premiums payable in consideration of the coverage to be provided to the **Insured Person** before cover commences.

10. TERMINATION OF INSURANCE

(a) Termination By the Policyholder or Insured Person

If the **Policyholder** gives notice to the **Company** to terminate this **Policy**, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later. Notwithstanding the termination of this **Policy**, the individual coverage of the **Insured Person** subsisting at the date of termination of this **Policy** shall continue to be in force until the expiry of the **Period of Insurance** and the premium paid for such coverage shall not be refunded.

If the **Insured Person** gives notice to the **Company** to terminate his/her individual coverage under this **Policy**, such termination shall become effective on the date after the expiry of the **Period of Insurance** regardless of the date the notice is received or any date specified in such notice and the coverage for the **Insured Person** will expire on the last date of the **Period of Insurance** and the premium paid for such coverage shall not be refunded.

(b) Termination by the Company

In the event the **Company** terminates this **Policy** or any individual coverage under this **Policy**, as the case may be, pursuant to Condition 17 (Misstatement or Omission of Material Fact) or by order of regulatory or governmental authorities, the **Company** shall give its

notice of termination by registered post to the **Policyholder** or **Insured Person**, as the case maybe, at their respective last known correspondence address in Malaysia. Such termination shall become effective thirty (30) days following the date of such notice.

Notwithstanding the termination of this **Policy**, the individual coverage of the **Insured Person** subsisting at the date of termination of this **Policy** shall continue to be in force until expiry of the **Period of Insurance** and the premium paid for such coverage shall not be refunded.

(c) Automatic Termination of Individual Coverage

The individual coverage of the **Insured Person** shall lapse/terminate on the earlier of the following occurrences:

- (i) at mid-night (standard Malaysian time) on the last day of the **Period of Insurance** even if the **Insured Person** attains the age of seventy-one (71) anytime during the **Period of Insurance**;
- (ii) when the **Insured Person** no longer links his or her Touch 'n Go card to his or her Touch 'n Go eWallet; or
- (iii) upon the death of the **Insured Person**.

11. CURRENCY AND EXCHANGE RATES

All premiums shall be paid in Malaysian Ringgit. In the event that the **Insured Person** suffers any loss outside Malaysia and in currency other than Malaysian Ringgit, the **Company** shall compensate the **Insured Person** in Malaysian Ringgit, based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the **Date of Accident**.

12. APPLICABLE LAW

This **Policy** and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and the Malaysian Courts shall have exclusive jurisdiction hereto.

No action at law or in equity shall be brought to recover on this **Policy** prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **Policy**.

13. RECEIPTS

The receipt by the **Insured Person** or his/her legal personal representative of any compensation payable herein under this **Policy** shall in all cases be effectual discharge of liability of the **Company**.

14. TERRITORIAL LIMIT

This **Policy** provides cover on a worldwide basis unless otherwise amended or endorsed.

15. CONSENT TO USE PERSONAL DATA

(a) The **Policyholder** and/or **Insured Person** represents and warrants that if the **Policyholder** submits information relating to the **Insured Persons** or other individuals to the **Company**, that it has the authority to provide information relating to such **Insured Persons** or other individuals, that it has informed the **Insured Person** or other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the **Company**, and that the **Policyholder**, **Insured Person** or other individuals agree and consent that the **Company** may collect, use, disclose and process the personal information (whether obtained during the application process or administration of this **Policy**) in accordance with the **Company's** Privacy Notice as published from time to time at allianz.com.my.

(b) **General Data Protection Regulation ("GDPR")**

If any **Insured Person** wishes to exercise their GDPR rights, the **Policyholder** shall inform the **Insured Person** to write to the **Company** at privacy@allianz.com.my in order for the **Company** to assess and comply with the EU Privacy Law – GDPR.

16. DUTY OF DISCLOSURE

(a) **Consumer Insurance Contract**

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance wholly for **purposes unrelated to the Policyholder or Insured Person's trade, business or profession**, the **Policyholder** or **Insured Person's** had a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and all the questions required by the **Company** fully and accurately and also disclose any other matter that the **Policyholder** or **Insured Person** knows to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continued until the time the contract was entered into, varied or renewed.**

(b) **Non-Consumer Insurance Contract**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance for **purposes related to Insured Person's trade, business or profession**, the **Policyholder** or **Insured Person** had a duty to disclose any matter that the **Policyholder** or **Insured Person** knows to be relevant to the **Company's** 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, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continues until the time the contract was entered into varied or renewed.**

- (c) The **Policyholder** and **Insured Person** also have a duty to tell the **Company** immediately if at any time, after this **Policy** contract or coverage under this **Policy**, has been entered into, varied or renewed with the **Company**, any of the information given for this **Policy** or coverage under this **Policy** is inaccurate or has changed.

17. MISSTATEMENT OR OMISSION OF MATERIAL FACT

Subject to the relevant duty of disclosure of the **Policyholder** or **Insured Person**, as the case maybe, if any answer, disclosure or representation by the **Policyholder** or **Insured Person** in or to any proposal or declaration or query, has been deliberately or recklessly stated in any respect before this contract of insurance is entered into, varied or renewed, or if the **Policyholder** or **Insured Person** shall have failed to disclose any fact that the **Policyholder** or **Insured Person** knew to be relevant to the **Company's** decision on whether to accept this risk or not and on the rates and the terms to be applied, then, this **Policy** shall be void.

If any claim made by the **Insured Person** shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then the **Company** reserves the right to deny or reduce such claim or terminate the **Insured Person's** coverage, as the case may be.

18. APPLICABLE TAX

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "**Applicable Tax**") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this **Policy**, the **Company** will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this **Policy** on payment of premiums and default hereof shall apply equally to the Applicable Tax.

19. SANCTION LIMITATION AND EXCLUSION CLAUSE

No insurer/co-insurer shall be deemed to provide cover and no insurer/co-insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer/co-insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

PART 3 – EXCLUSIONS

This **Policy** does not cover death or any **Injury** or **Permanent Disablement** directly or indirectly caused by or in connection with any of the following:

- (a) War, invasion, act of foreign enemy, criminal or terrorist activities, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
- (b) Insanity, suicide or any attempt thereof, or intentional self-inflicted injuries;
- (c) Intoxication beyond the legal limit in relation to any driving offence and/or when under the influence of illegal drugs;
- (d) Any form of disease, infection or parasites and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV);
- (e) Childbirth, miscarriage, or any complications to a pregnancy, unless solely caused by an **Accident**;
- (f) Provoked murder or assault;
- (g) While travelling in an aircraft licensed for passenger service as a member of the crew;
- (h) While committing or attempting to commit any unlawful act;
- (i) While participating in any professional sports;
- (j) Martial arts or boxing, aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) meters in depth, mountaineering involving the use of ropes or mechanical guides;
- (k) Racing (other than on foot), pace-making, speed or reliability trials;
- (l) Ionization, radiation or contamination by radioactivity, nuclear weapons material; and
- (m) Riding/driving without a valid driving license (NOTE: this will not apply to individuals with an expired license but is not disqualified from holding or obtaining such driving license under the regulations of the Malaysia Road Transport Department or any other relevant laws).

PART 4 – DEFINITIONS

Accident means any sudden or unexpected event, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted **Injury**.

Car Keys means the keys to the private vehicle (excluding motorcycles) registered under the **Insured Person's** name.

Company means Allianz General Insurance Company (Malaysia) Berhad (Company No. 200601015674 (735426V)).

Date of Accident means the day when any **Injury** and other covered incident(s) occur; is inflicted on; and/or contracted by the **Insured Person**.

Endorsement means a written alteration to the terms, conditions and limitations of this **Policy**.

Injury means bodily injury(ies) suffered anywhere in the world caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear occurring during the **Period of Insurance**.

Insured Person means the individual who is a Touch 'n Go cardholder who has linked his or her Touch 'n Go card with his or her Touch 'n Go eWallet throughout the **Period of Insurance**, as declared by the **Policyholder** and accepted for coverage by the **Company**.

Medical Practitioner means a registered medical practitioner licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training, excluding a **Medical Practitioner** who is the **Insured Person** himself/herself.

NFC Card means the enhanced Touch 'n Go card with near-field communication (NFC)_ technology issued by the **Policyholder**.

Period of Insurance means the duration for which the **Insured Person** is insured as set out in the **Endorsement**, subject to the terms, conditions and exclusions in this **Policy**.

Permanent Disablement means the conditions which are described under the Scale of Benefits under item A of Part 1 – Benefits.

Policyholder means a person or corporate body as described in the **Schedule** to whom this **Policy** has been issued in respect of cover for the **Insured Person**.

Policy means this policy contract including the **Schedule** and all **Endorsements**.

Schedule means the document which issued to the **Policyholder** by the **Company** detailing information such as the salient benefits provided under this **Policy**.

Snatch Theft or Attempted Snatch Theft means the act of forcefully stealing or attempt thereof, from an **Insured Person**. For the purpose of this **Policy**, **Snatch Theft or Attempted Snatch Theft** includes coverage for robbery or attempted robbery and snatch grab – a situation where the **Insured Person's** possessions are grabbed or are attempted to be grabbed from the **Insured Person**.

Sum Insured means the sum insured or the amount of benefit payable as stated in the **Schedule**.

Checklist on the required supporting documents of Claims

Benefits	Documents	
Death/ Permanent Disablement	1	Medical report
	2	Death Certificate
	3	Postmortem report;
	4	Police Report
	5	Driving license (for Motor Vehicle Accident where Insured Person was the driver /rider);
	6	Completed Allianz e-payment form.

	7	Confirmation email from Touch 'n Go on Opt-in
	8	Payment Transaction history from Touch 'n Go as proof of Opt in
Loss of/Damage to Personal Effects	1	Police report
	2	Completed Allianz e-payment form.
	3	Confirmation email from Touch 'n Go on Opt-in
	4	Payment Transaction history from Touch 'n Go as proof of Opt in
	5	Parking Transaction History
Key Care	1.	Police Report
	2.	Completed Allianz e-payment form.
	3.	Confirmation email from Touch 'n Go on Opt-in
	4.	Payment Transaction history from Touch 'n Go as proof of Opt in
Touch & Go NFC Card	1.	Completed Allianz e-payment form.
	2.	Confirmation email from Touch 'n Go on Opt-in
	3.	Payment Transaction history from Touch 'n Go as proof of Opt in
Transport Allowance	1.	Police Report
	2.	Completed Allianz e-payment form
	3.	Confirmation email from Touch 'n Go on Opt-in
	4.	Payment Transaction history from Touch 'n Go as proof of Opt in
	5.	Medical Report / Admission or Discharge Form

The above list is not exhaustive. The **Company** reserves the right to request for any relevant document(s) as may be applicable and reasonable to support an **Insured Person's**/Claimants claim at the **Insured Person's**/Claimants expenses.

IMPORTANT NOTICE

POLICY COVERAGE AND PREMIUM PAYMENT

It is a condition of this **Policy** that the premium due for the coverage under the **Policy** must be paid before cover commences. If this condition is not complied with, then the **Insured Person's** coverage under this **Policy** will be deemed cancelled from inception.

Lodging of Complaints

We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from

you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.

To provide us with your feedback, you may contact us via the following channels:

Write to:

Customer Feedback Center, Allianz Arena, Ground Floor Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.



1 300 22 5542



AllianzMalaysia



customer.service@allianz.com.my



allianz.com.my

Avenues to Seek Redress

You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

- (1) Insurance claims not exceeding RM250,000.00; and
- (2) Motor third party property damage claims not exceeding RM10,000.00.

The OFS can be contacted at the following address:

Ombudsman for Financial Services, Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.



03 2272 2811



03 2272 1577



enquiry@ofs.org.my



www.ofs.org.my

If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

Write to (BNMTELELINK):

Pengarah, LINK & Pejabat BNM, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur.

Walk-in (BNMLINK):

Ground Floor, Block D, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur.



1 300 88 5465



03 2174 1515



bnmtelelink@bnm.gov.my



www.bnm.gov.my

You may check with our Customer Feedback Center on the types of complaints handled by the OFS or BNM before submitting your complaint.