

Non Motor Insurance Amendment Form

Policyholder's Name _____

[illegible]

Expiry Date D D - M M - Y Y Y Y

Kindly endorse policy to reflect the changes indicated below.

Effective Date - -

Please tick ☒ in the appropriate boxes and fill up the blanks where applicable.

Policy Amendment

[illegible][illegible]

Amendment of Period of Insurance From	D	D	-	M	M	-	Y	Y	Y	Y	to	D	D	-	M	M	-	Y	Y	Y	Y
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Cancellation of Policy	Reason :	
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<input type="checkbox"/>	Change Policyholder/Insured details/Other(s) (please specify)	Details :

Below Applicable for Group Policy only

Addition/Deletion of policy member(s)/other (Please attach risk details)	
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	Change of category of policy member(s) (Please attach risk details)
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Important Note: The request above is subject to underwriting approval.

Declaration

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

For Individual Client

Signature of Policyholder

Name Date - -

[illegible]

Note: 1. Where the Insured Person is a child aged below sixteen (16) 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		
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Designation		
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Date - - - -

Head Office:

Level 29, Menara Allianz Sentral, 203, Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Tel: +603-22641188/ 2264 0688 Fax: +603-22641199

Customer Service Centre:

Allianz Arena, Ground Floor, Block2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Allianz Contact Center: 1 300 225542 Email: customer.service@allianz.com.my AllianzMalaysia allianz.com.my

Particulars Of Person To Be Insured

No.	Risk Name	*ID Type	ID No.	Date of Birth	Gender	Nationality	Occupation	Effective Date	Termination Date	Category	Plan/Sum Insured	Premium (RM)
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Notes: 1. *IDType: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army

Please use separate sheet if the space is insufficient.