

**Allianz We Care – Let’s Get Personal...Again Campaign Claim Form**

**IMPORTANT:** The Campaign commences on 7<sup>th</sup> January 2025 until 30<sup>th</sup> June 2025 or the date when the total amount payable under this Campaign reaches RM 500,000, whichever earlier (“Campaign Period”). Please note that your Campaign Validity Period will commence from 7<sup>th</sup> January 2025 (if you have an existing active Eligible Policy purchased/renewed before the Campaign Period) or from your policy commencement date (if you purchased/renewed your Eligible Policy during the Campaign Period), as the case may be, and shall end on the earlier of the expiry of the Campaign Period or the date when the total amount payable under this Campaign reaches RM 500,000 or the expiry of the period of insurance of your Allianz Shield Plus, Smart Home Cover, Allianz MediCure, Allianz Travel Care (Annual Policy only) or Allianz Travel Easy (Annual Policy only) policy (“Eligible Policy”). Your claim must be submitted to Allianz General via email to [wecare@allianz.com.my](mailto:wecare@allianz.com.my) within 30 days from the date Policyholder requires hospitalisation as a result of an Accident, Dengue, Zika virus, Malaria, Japanese Encephalitis or Chikungunya, poisonous food or drink, or insect, snake and animal bites. For more information, please contact your Allianz agent.

**Document checklist (✓)**

	Allianz We Care – Let’s Get Personal...Again Campaign Claim Form
	Claimant’s ID Copy (e.g. both sides of NRIC or Passport);
	Medical Report
	Hospital Admission Slip
	E-payment Authorisation Form
	Proof of bank account details (e.g. first page of your bank statement)

*Note: Should there be any doubts on the softcopies submitted, we reserve the right to hold or decline the claim until physical hardcopies of the documents are received (whether original or photocopy).*

**Particulars of Claimant**

Policy Number	
Name of Policyholder	
NRIC/Passport No.	
Mobile No.	
Email Address	

**Consent to Process & Disclose Personal Data**

Where I am submitting this claim form as the Policyholder under the relevant policy above, then the Allianz General Insurance Company (Malaysia) Berhad’s (“AGIC”) Notice to Customers of AGIC on the Personal Data Protection Act 2010 (“Privacy Statement”) previously notified to me at inception of my policy would continue to apply. I note and understand that I may visit [www.allianz.com.my/privacy-statement](http://www.allianz.com.my/privacy-statement) to view the said Privacy Statement.

Where I am submitting this claim form and I am not the Policyholder under the relevant policy above, I confirm that by submitting this form to AGIC and all relevant documents as may be required, I hereby give consent to AGIC or its group of companies to collect, use, disclose, transfer, share or otherwise process my Personal Data and the Personal Data of any my family members, dependents or other persons (collectively referred to as “other persons”) including sensitive personal data for the purposes stipulated in the Personal Data Privacy Notice provided overleaf. Where I have provided Personal Data of other persons to AGIC as part of this claim, I confirm that I have obtained the consent of the individual(s) concerned to enable AGIC and/or its group of companies to use their Personal Data, including any sensitive personal data. I also confirm that I have brought the Personal Data Privacy Notice overleaf to the attention of the other persons who confirm that they understand, agree and authorise AGIC and/or its group to deal with their Personal Data in accordingly.

\_\_\_\_\_  
Signature of Claimant

Date:

**Data Privacy Notice** (applicable for claims submitted by a party other than the Policyholder)

**1. Processing of Your Personal Data**

- a) Allianz General Insurance Company (Malaysia) Berhad (“Company”) will use the information you supply in this form to, among others, process your claim in accordance with the Personal Data Protection Act 2010, other related legislation and the Company’s and/or its Group’s own internal policy.
- b) The personal information collected in this form, which is supplied by you about your own or another person’s personal information, may include sensitive personal data such as physical or mental health or medical conditions required for claims (“Personal Data”). You confirm that you are authorised to act for the other person, to consent to the processing of his/her Personal Data and to receive on his/her behalf, any data privacy notices.
- c) The Company may also obtain your Personal Data from other sources, such as bureau or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, other external database suppliers, governmental departments, agencies or authorities, the Company’s intermediaries, third party administrators and/or your attending doctors, hospitals, clinics, other medical professionals, facilities or pharmacies, laboratories, lawyers, agents, proposed assignees, from whom such information would be essential for the proper processing of the data for the said claims herein.

**2. Impact Resulting from Failure to Supply Information**

You may choose whether or not to provide your Personal Data to the Company. However, failure to supply your Personal Data as requested may result in the Company being unable to evaluate your claim, which may lead to your claim being denied. Hence, it is obligatory for you to provide the Company with your Personal Data when you choose to make a claim in respect of a policy with the Company.

**3. Purposes of Collecting and Using Your Personal Data**

Your Personal Data will be collected, used and otherwise processed by the Company for the following purposes:

- a) for claims processing, evaluation, administration and claim settlement; for detection and prevention of criminal activity or fraud in connection with a claim herein and/or improper claim;
- b) to ensure that the Company’s records are updated;
- c) for data transfer to, and sharing with, other members of the Company’s Group and/or third parties acting on behalf of the Company, including those located outside Malaysia.

**4. Disclosure of Your Personal Data**

Your Personal Data and the Personal Data of the Insured Person may also be disclosed to authorised third parties including other insurers, brokers, credit organisations, underwriters, reinsurers, group policyholders, benefit plan administrators, those to whom the Company outsource certain business operations, the Company’s commercial partners, regulatory authorities, bureaus or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, loss adjusters, lawyers, auditors, persons conducting actuarial or research studies, accountants, consultants, surveyors, external claims data collectors, investigators and medical professionals, and any other contractors or sub-contractors as required or permitted by law or as we may determine to be necessary or appropriate.

**5. Your Rights of Access to Your Personal Data**

You have the right to request in writing access to, enquire, correct and complain in respect of your Personal Data held by the Company by contacting the Company’s Customer Service Officer at 1300-22-5542 from 9.00 a.m. to 6.00 p.m., Monday to Friday or by email at [customer.service@allianz.com.my](mailto:customer.service@allianz.com.my) or via our Fax No. 03-2264 8499. You also have the right to request in writing for the Company to cease processing your Personal Data, but this may result in the Company being unable to process your claim.

**6. Information about Another Person**

When you give the Company information about another person, you confirm that such person has appointed you to act for him/her, to consent to the processing of his/her personal data and to receive on his/her behalf, any data privacy notices.