

## Domestic Servant Insurance Scheme 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:

Agent Code:

From  -  -  To  -  -

-

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

**PART 1 - PARTICULARS OF PROPOSER**

Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others (please specify)		
Name			
Address	<input type="checkbox"/> Non-residential		
	<input type="checkbox"/> Residential		
Postcode	City		
State			
Country			
Contact No.	Mobile	-	House
	Office	-	Fax
e-mail			
Website			
ID Type	Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration		
ID No.			
Date of Birth	-	-	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce/Widowed		
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify)		
Nature of Business/ Occupation			

Note: 1. Copy of Employer's NRIC/Old IC/Others/Passport/Police/Army/Registration of Company (ROC)/Registration of Business (ROB)

**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



PBPF050601

## PART 2 - PARTICULARS OF MAID

Name																								
ID Type	<input type="checkbox"/> Code: [01] NRIC [02] Old IC/Others [03] Passport																							
ID No.																								
Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>												Gender <input type="checkbox"/> Male <input type="checkbox"/> Female											
Nationality																								

Note: 1. Copy of Maid's NRIC/Old IC/Others/Passport

## PART 3 - PARTICULARS OF NOMINEE

Name																									
Address																									
Postcode							City																		
State																									
Country																									
Relationship To Maid																									

## PART 4 - TABLE OF BENEFITS

Benefits	Amount (RM)
Accidental Death & Permanent Disablement	25,000.00
Medical Expenses – Excess RM50.00	1,000.00
Repatriation Expenses (up to)	5,000.00
Hospitalization & Surgical (up to)	3,000.00
Weekly Benefits (maximum of 15 weeks)	105.00 per week

## PART 5 – PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

Plan	Premium (RM)
<input type="checkbox"/> Plan A RM63.00 <input type="checkbox"/> Plan B RM126.00	
Service Tax (RM)	
Stamp Duty (RM)	10.00
Total Payable (RM)	

## PART 6 - MODE OF PAYMENT

I enclose cash/cheque RM \_\_\_\_\_ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Cheque No:

## CREDIT CARD PAYMENT



MasterCard



Visa

### DIRECT DEBIT AUTHORIZATION

I hereby request and authorize Allianz General Insurance Company (Malaysia) Berhad ('Company') to debit the premium and such amount payable as Services Tax to my credit card account as indicated below for the Total Payable under my insurance policy mentioned above.

Name of Cardholder	<input type="text"/>	Premium Amount (RM):
	<input type="text"/>	Total Payable (RM):
Cardholder's Account No.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date: <input type="text"/> / <input type="text"/>
Issuing Bank	<input type="text"/>	
Relationship to Policyholder	Code: [01] Own [02] Spouse [03] Parents [04] Children	

- Notes: 1. Premium payment through credit card is allowed if the cardholder is paying for his/her own policy or the policy of his/her immediate family member namely his/her spouse, parents or children.  
2. Total Payable amount will be based on plan selected under PART 5.

## DECLARATION

I hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep the Company informed in writing or by giving fresh standing instruction. Further, I agree that the Terms and Conditions as for credit card payment shall apply a copy of which, shall be made available upon my request.

\_\_\_\_\_  
Signature of Cardholder  
(as on card)

/  -  /  -  /  /  /   
Date

## PART 7 - BANK DETAILS

Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others (please specify)	<input type="text"/>
Account Holder Name	<input type="text"/>			
Account No.	<input type="text"/>			
Bank Name	<input type="text"/>			
Bank Address	<input type="text"/>			
Postcode	<input type="text"/>	City	<input type="text"/>	
State	<input type="text"/>			
Country	<input type="text"/>			
ID Captured when open bank account for verification	<input type="text"/>			
ID Type	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration			
ID No.	<input type="text"/>			

**PART 8 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION**

Protection of your privacy is very important to us. Please visit our website at [allianz.com.my](http://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 its 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 9 - DECLARATION**

I/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 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 Proposer

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B
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Date

**For Company Client**

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer
Signature	_____	_____	_____
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Designation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Date	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>