Allianz (i

Allianz General Insurance Company (Malaysia) Berhad (200601015674)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Allianz Travel Care Proposal Form

Allianz General Insurance Company (Malaysia) Berhad ("Company"/"We"/"Us") is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia ('BNM').

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 the Company 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 the Company 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 the Company 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 and shall form part of the insurance policy with Company. 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.

You are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Us 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.

The standard time frame required to issue an insurance policy is as stipulated in the Company's Customer Service Charter, which is available to view on the Company's website at allianz.com.my.

Please retain the official receipt as proof of payment.

Any policy issuance, entitlement or claims submitted arising from the insurance contract issued shall be subjected to the requirements of Economic Sanctions, Terrorism Financing, Proliferation Financing and other UN-sanction Regimes.

Period	of Ir	nsur	anc	e:														
From			-	Μ	Μ	-	Y	Y	Y	То		-	М	Μ	-	Y	Y	

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

Agent Co	de:			
			-	

Part 1 - Particulars Of Proposer

Name	
Address	
Non-residential	
Residential	
Postcode	City
State	
Country	
Mobile No.	- Phone No
e-mail	
ID Туре	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.
ID No.	
Date of Birth	
Nationality	Malaysian Others (please specify)

Allianz Customer Service Centre

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



Part 2 – Journey Details

Coverage Type	Two-Way Cover One-Way Cover Annual Cover
Journey From Malaysia To	

Part 3 – Plan Required And Premium Details, Please Tick 🗹 Plan Selected

Overseas Coverage

				As	sia				Worldwide								
No. of Days	Adult		Senior Citizen		Child		F	Family		Adult	Senior Citizen	Child		Family			
	(RM)																
1 – 5 days		65		155		35		175		110	230		80		408		
6 – 10 days		80		190		50		230		150	285		125		514		
11 – 15 days		110		240		75		325		200	370		165		670		
16 – 22 days		150		305		105		450		280	475		205		836		
Each additional week or part		25		48		18		65		65	101		42		220		
Annual		400	Not Av	vailable		280	Not	Available		500	Not Available		370	Not Ave	ailable		

Domestic Coverage

No. of Days	Adult	Senior Citizen	Child	Family								
No. or Days	(RM)											
1 – 5 days	21	32	12	65								
6 – 10 days	31	41	17	81								
11 – 15 days	41	56	21	107								
16 – 22 days	51	71	27	142								
23 – 30 days	60	80	32	174								
Annual	210	Not Available	115	Not Available								

Overseas & Domestic Coverage

			C	omesti	c & Asio	a		Domestic & Worldwide								
No. of Days	Adult		Senior Citizen		Child		Family		Adult			nior izen	с	hild	Fan	nily
	(RM)															
1 – 5 days		77		167		47		187		122		242		92		420
6 – 10 days		92		202		62		242		162		297		137		526
11 – 15 days		122		252		87		337		212		382		177		682
16 – 22 days		162		317		117		462		292		487		217		848
Each additional week or part		37		60		30		77		77		113		54		232
Annual		490	Not Avo	ailable		335	Not Ave	ailable		590	Not Av	vailable		425	Not Av	ailable

Additional Sport - Optional Rider 1 For Overseas Coverage

		Asia/Wa	orldwide	
No. of Days	Adult	Senior Citizen	Child	Family
		(R	M)	
1 – 5 days		20	20	60
6 – 10 days	2	25	25	80
11 – 15 days	3	35	35	110
16 – 22 days	5	50 Not Available	50	145
23 – 30 days	Not Available		Not Available	Not Available
Each additional week or part	1	10	10	25
Annual	11	15	115	Not Available
PBPFF040603 03/24				2/8

Additional Sport - Optional Rider 2 For Overseas Coverage

	Asia/Worldwide (per trip)
Age	Adult
	(RM)
18 years – 40 years	500
41 years – 60 years	1,000

Additional Sport - Optional Rider 1 For Domestic Coverage

No. of Days	Adult	Senior Citizen	Child	Family								
No. or Days	(RM)											
1 – 5 days	9		9	28								
6 – 10 days	14	-	14	37								
11 – 15 days	18		18	51								
16 – 22 days	23	Not Available	23	66								
23 – 30 days	28	-	28	75								
Annual	56		56	Not Available								

Notes:

1. Overseas (Asia/Worldwide) Coverage

(a) Maximum period of coverage per journey/trip is two hundred (200) consecutive days for one way or return trip.

(b) Maximum period of coverage per journey/trip is ninety (90) consecutive days for annual policy.

(c) Maximum period of coverage per journey/trip for High Altitude Mountaineering activities is thirty (30) days.

(d) Each journey/trip must begin and end in Malaysia except for one way journey/trip.

- 2. Domestic Coverage
 - (a) Maximum period of coverage per journey/trip is thirty (30) consecutive days for one way/return trip or annual policy.
 (b) Premium is subject to Service Tax.

3. Overseas & Domestic Coverage

(a) Premium is subject to Service Tax.

Geographical Area

Asia	Singapore, Thailand, Indonesia, Philippines, Brunei, Taiwan, Korea, China including Hong Kong and Macau, Laos, Vietnam, Myanmar, Cambodia, India, Sri Lanka, Maldives, Bangladesh, Nepal, Australia, New Zealand and Japan.
Worldwide	All countries including Asia (as defined above) except excluded countries.
Domestic	Anywhere within Malaysia only.
Excluded Countries	Israel, Iran, Syria, Belarus, Cuba, Democratic Republic of Congo, North Korea, Somalia, Sudan, South Sudan, Zimbabwe and all other sanctioned and war declared countries.

Part 4 – Mode Of Payment

I enclose cash/che	que RM _

_made payable to Allianz General Insurance Company (Malaysia) Berhad.

MasterCard

Cheque No. :

Credit/Debit Card Payment

Direct Debit Authorization

Cardholder hereby requests and authorizes the Company to debit the premium and such amount payable as Service Tax to Credit/Debit Card account as indicated below for insurance policy applied for herein.

Name of		Total Premium (RM):
Cardholder		Total Payable (RM):
Cardholder's Account No.		Expiry Date: M M / Y Y
Issuing Bank		
Relationship to Proposer	Code: [01] Own [02] Spouse [03] Parents [04] Children	

Notes: 1. Premium payment through Credit/Debit Card is allowed if the Cardholder is paying for his/her own policy or the policy of family member namely his/her spouse, parent or children.

2. The Company reserves the right to immediately cancel this policy or renewal if the Proposer's relationship with the Cardholder is found to be untrue.

Visa

Automatic Renewal (For Annual Policy Only)

Proposer agrees that automatic renewal will be activated for this annual policy and that the total premium payable as invoiced by the Company shall be paid by each renewal date. Proposer understands that if the premium remains unpaid prior to the renewal date, Proposer may not received the benefits of this policy in the event of any claim.

Proposer and Cardholder agree that when the policy is automatically renewed each year, the total premium payable as invoiced by the Company shall be charged to the Credit/Debit Card above.

Part 5 – Terms And Conditions For Payment Section Only

- 1. Cardholder hereby authorize the Company to charge the Credit/Debit Card for payment of insurance premium for this policy as indicated above for the benefit of the Proposer and/or Insured Person.
- Proposer and Cardholder understand that this policy shall take effect only after successfully obtaining: (1) approval from the credit/debit card company 2. concerned for the direct debit instruction based on the relevant details herein; and (2) underwriting approval from the Company based on the accompanying proposal form and/or renewal request.
- Where automatic renewal of this policy applies and premium payment via Credit/Debit Card for the subsequent renewal is selected, Proposer and 3 Cardholder understand and agree that the Credit/Debit Card will continue to be charged for all subsequent renewals by the Company unless Proposer informs the Company otherwise. Where the Proposer has opted for a different mode of payment, the Proposer understands and agrees that the premium for renewals is to be paid before the renewal date so that the Company is able to automatically renew the policy accordingly.
- 4. Proposer and Cardholder understand that the policy or renewal will not be effective if this direct debit authorization request is subsequently rejected by the credit/debit card company.
- 5. Proposer and Cardholder further agree and consent that the Company and/or its service providers may collect, use and process personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Statement (Notice to Customers of Allianz General Insurance Company (Malaysia) Berhad on the Personal Data Protection Act 2010) which can be found on the Company's website at allianz.com.my.
- Proposer and Cardholder declare that at the time of application, Proposer and Cardholder have not been convicted and are not in any way committing 6. or involved in any offences under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001("AMLATFPUAA") and sections 130N, 130O, 130P or 130Q of the Penal Code.
- 7. Proposer and Cardholder further agree and consent that in the event the Company finds this information to be untrue, the Company reserves the rights to cancel the policy or renewal and to suspend any claim under the policy.
- Proposer and Cardholder hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or 8. cancellation of the instruction above, Proposer and Cardholder shall keep the Company informed in writing or by giving fresh standing instruction. Further, Proposer and Cardholder agree that the Terms and Conditions as for Credit/Debit Card payment and a copy of the Terms and Conditions, shall be made available upon request.

	Signature of Proposer	Signature of Cardholder
Name		Name
ID		ID
Type*		Type*
ID No.		ID No.
Date	DD-MM-YYYY	

Notes: 1. ID Type*: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army

- 2. Where the Insured Person is a child aged below eighteen (18) years, this form must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.
- 3. If the Cardholder is the same as the Proposer, please sign on the Cardholder portion only.

Part 6 – For Submission By Intermediaries

I hereby confirm that the above information is given by the Proposer and/or Cardholder and I have witnessed the signature of the Proposer and/or Cardholder.

Intermediaries								Mobile No.			-	-					
Name								Phone No.			-	-					
Intermediaries Code								Date		D -	-	1	1 -	Y		Y	

Part 7 - Bank Details (Optional)

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] OI	ld IC/Others [03] Passport [04] Police/Army [05] Business Registration No.
ID No.			

Note: 1. For refund of premium/claims payment (if applicable).

Part 8 – Nomination Form For Personal Accident

I hereby nominate the following as nominee(s) for the above insurance policy and revoke all existing nominees (if any) named earlier (If no trustee has been nominated).

Name of Proposer	Name of Nominee	ID Type*	ID No.	Nationality	Relationship to Insured	Share (%)

Pursuant to Schedule 10 of Financial Services Act 2013 ('FSA 2013'):

Please attach separate sheet if space is insufficient.

A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his personal accident policy upon his death. It is advisable to appoint at least one (1) nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the Insured Person. Failure to make a nomination may delay the payment of the policy moneys become payable. If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living at the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favor of the nominee. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee. For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy. Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non-Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor. If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.

Signature of Witness		Signature of Proposer
Name	Name	
ID Type*	ID Type*	
ID No.	ID No.	
Contact No	Contact No.	
Date D D - M M - Y Y Y Y	Date	DD-MM-YYYY
Notes: 1. *ID Type: [01] NRIC [02] Old IC/Others [03] Passport [0	4] Police/Army	

2. A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee. PBPFE040603 03/24

Part 9 – Data Privacy And Disclosure Of Personal Information

Protection of your privacy is very important to the Company. Please visit the Company website at allianz.com.my to view Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010) ("Privacy Statement").

Disclosure and Consent

The personal data supplied for this policy will be used by the Company, its service providers and agents to enable the Company to provide the insurance coverage applied for herein and facilitate the Company's functions as an insurance company in accordance with the Company's Privacy Statement. By signing on this proposal form, you, as the Proposer and/or Cardholder, consent to the use of your personal data for the purposes stated in the Company's Privacy Statement. Where you have provided personal data of another individual, you confirm that you have obtained such individual's consent to do so.

Part 10 – Declaration

I/We hereby declare that I/We have fully and accurately answered the questions in this proposal form and have not withheld any information likely to affect the acceptance of this proposal. I/We acknowledge that the liability of the Company does not commence until this proposal is accepted by the Company and the premium is paid to the Company (where the policy is to be issued to individuals).

For Ind	vidual Client	
	Signature of Proposer	Date
Name		
ID Type	Code: [01] NRIC [02] Old IC/Others [03] Passport	[04] Police/Army
ID No.		
Note:	1. Where the Insured Person is a child aged below eighteen (18) ye ID Type and ID No. of the Parent/Guardian.	ars, this proposal must be signed by his/her parent/guardian. Please state Name,
For Cor	npany Client Witness By: For an	d on Behalf of the Employer Stamp of the Employer

Signature	
Name	
Designation	
Designation	
Data	
Date	

Part 11 – Particulars Of Person To Be Insured

No.	Name	ID Type*	ID No.	Date of Birth	Nationality	Relationship to Principal	Plan	Premium (RM)
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	

PBPFE040603 03/24

Part 11 – Particulars Of Person To Be Insured

No.	Name	ID Type*	ID No.	Date of Birth	Nationality	Relationship to Principal	Plan	Premium (RM)
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Adult Senior Citizen Child Family	
							Additional Sports (Opt Rider 1) Additional Sports (Opt Rider 2)	
							Total Premium (RM)	
							Service Tax (RM)	
							Stamp Duty (RM)	10.00
							Total Payable (RM)	
Notes:	s: 1. *ID Type: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army 2. The following coverages are subject to Service Tax: (a) Domestic & Oversea (b) Domestic only	Others [03 Service Tax:] Passport [04] Police/A	Хщ.			Please attach separate sheet if space is insufficient.	pace is insufficient.