Allianz General Insurance Company (Malaysia) Berhad (200601015674)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Allianz Care Individual 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 D D – M M – Y Y Y Y To D D – M M – Y Y Y Y ☐☐☐☐☐☐☐ – ☐☐

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

PART 1 - PARTICULARS OF PROPOSER

Salutation	☐ Mr. ☐ Madam ☐ Miss ☐ Others (please specify)
Name	
Address ☐ Non-residential ☐ Residential	
Postcode	City
State	
Country	
Mobile No.	– Phone No. –
e-mail	
ID Type	Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
ID No.	
Date of Birth	– – Gender ☐ Male ☐ Female
Marital Status	☐ Single ☐ Married ☐ Divorce/Widowed Height cm Weight kg
Nationality	☐ Malaysian ☐ Others (please specify)
Occupation	
Occupation Class	☐ Class 1 ☐ Class 2 ☐ Class 3

Occupation Class Definition	
Class 1	Occupation involving non-manual, administrative or clerical work – solely in offices or similar non-hazardous places or full time student.
Class 2	Occupation involving work of supervisory nature or travelling outside office for business purposes but not engaging in manual labour.
Class 3	Occupation involving occasional or regular manual work not particularly hazardous in nature but involving the use of tools or machinery (not using woodworking machinery).

PART 2 - QUESTIONNAIRE

No.	General Questions	Yes	No	Details
1.	Do you have any Medical and Health Insurances with us or any other company? If Yes, please give details.	☐	☐	
2.	Have your applications for any Medical & Health Insurance or Life Insurance been declined, restricted or accepted at other than normal terms? If Yes, please give details.	☐	☐	
3.	Have you made any claims under any Medical & Health Insurance policy in the past five (5) years? If Yes, please give details and date of consultation, diagnosis name and results.	☐	☐	

No.	Health Questions	Yes	No
1.	Have you ever suffered from or been told you have and/or are receiving medical treatment for:		
	(a) Cancer/Carcinoma/Malignancy, Leukaemia, Cerebral Palsy, Epilepsy, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), Autoimmune Disease, Systemic Lupus Erythematosus (SLE), Psychiatric/Mental, Nervous Disorder, Autism or Down Syndrome?	☐	☐
	(b) Diabetes, Hypertension, Raised Cholesterol, Chest Pain, Palpitation, Heart Attack, Stroke or other Disease of the Heart or Blood Vessel, Disease of the Kidneys?	☐	☐
	(c) Asthma, Bronchitis, Pneumonia, Tuberculosis, Lung Disease or other Respiratory Disorder?	☐	☐
	(d) Hernias, Peptic Ulcer, Gastritis, Disease of the Stomach or Intestine?	☐	☐
	(e) Jaundice, Liver or Gallbladder Disease or any type of Hepatitis?	☐	☐
	(f) Persistent Protein or Blood in the Urine, Kidney Stone, Prostate, Genito-Urinary System?	☐	☐
	(g) Goiter or Disease of Thyroids, Endocrine or other Glands?	☐	☐
	(h) Cyst, Growth, Lumps or Tumor or any kind of Skin Disease?	☐	☐
	(i) Disease of the Eyes, Ears, Nose, Mouth or Throat?	☐	☐
	(j) Venereal Disease (e.g. Gonorrhea, Syphilis)?	☐	☐
	(k) Arthritis, Gout, Rheumatism or Disease or Disorder of the Muscles, Bones or Backache or Spine Disorders, Varicose Veins or Deep Vein Thrombosis?	☐	☐
	(l) Stones in the Urinary and Biliary System?	☐	☐
	(m) Any other Illness, Disease, Injury, Disabilities not mentioned above?	☐	☐
2.	Do you suffer from any Physical Impairment, Infirmity, Abnormality or Congenital conditions? If yes, please complete Activities of Daily Living (ADL) below.	☐	☐
	Are you able to perform the following Activities of Daily Living*?		
	(a) Get in and out of a chair without requiring any third party physical assistance.	☐	☐
	(b) Move from room to room without requiring any third party physical assistance.	☐	☐
	(c) Able to voluntarily control bowel and bladder functions i.e. to main personal hygiene.	☐	☐
	(d) Put on and take off all necessary items of clothing without requiring any third party physical assistance.	☐	☐
	(e) Able to take a bath or shower (including getting in our out of the bath or shower) or wash by any other means.	☐	☐
	(f) Physically able to eat food and put food into the mouth.	☐	☐
	*Note: *Activities of Daily Living mean the ability to carry out any of the above activities.*		
3.	Have you ever undergone any surgical procedure or been advised to have a surgical procedure which has not been performed?	☐	☐
4.	(a) Have you in the past twelve (12) months had or been advised to have any Electrocardiogram, X-Ray, Blood or Urine Test or Diagnostic Tests?	☐	☐
	(b) Have you at any time had any symptoms for more than one week continuously, unexplained recurrent or persistent Fever or Fatigue, Enlarged Lymph Nodes, Chronic or Recurrent Diarrhea, Unusual Skin Lesions, continuous significant weight loss or weight gain?	☐	☐
5.	Female Only		
	(a) Are you now pregnant? If Yes, at what stage? ☐☐ months	☐	☐
	(b) Have you ever had any disorder of the Breast or Female Organs, Menstrual Disorder, Abnormal Pap-Smear(s) or complications at Childbirth?	☐	☐
6.	Children Below 2 years of age Is the child born premature or pre-term? If Yes, please specify month/weeks at birth? ☐☐ months ☐☐ weeks	☐	☐

If any of the answers is 'Yes' to the above questions, please give details below and number your answers to correspond with the number of the questions.

No.	Details

PART 3 - DETAILS OF REGULAR DOCTOR

Name of Doctor	Address	Contact No.	Date of Last Consultation	Reason(s) for Consultation

Please attach separate sheet if space is insufficient.

PART 4 - PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK ☑ PLAN SELECTED

Plan Required	Non Cashless	Cashless	Premium (RM)	IMA*	Total Premium (RM)
☐ 1 ☐ 2 ☐ 3 ☐ 4	☐	☐		☐ RM15.90	
				Service Tax (RM)	
				Stamp Duty (RM)	10.00
				Total Payable (RM)	

Note: 1. *Optional – International and Domestic Medical Assistance and Evacuation Programme at RM15.90 per person.

PART 5 - 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 first year's annual premium and such amount payable as Service Tax to my credit card account as indicated below and subsequently every year for the total amount payable under my insurance policy mentioned above.

Name of Cardholder		Premium Amount (RM): Total Payable (RM):
Cardholder's Account No.	☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐	Expiry Date: M M / Y Y
Issuing Bank		
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 4.

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)

D D – M M – Y Y Y Y
Date

PART 6 - BANK DETAILS

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

PART 7 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at 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 it 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 8 - DECLARATION

I hereby declare that I have fully and accurately answered the questions in this proposal form. I hereby authorize any hospital, surgeon, medical practitioner or clinic or other person who attends to me for any reason to disclose to the insurance company any and all information with respect to any illnesses or injury and to provide copies of all hospital or medical records/certifications, including any earlier medical history. A photocopy of this authorization shall be considered as effective and valid as the original. I acknowledge that the liability to the Company does not commence until the proposal is accepted by and the premium paid to the Company.

Signature of Proposer	Signature of Witness
Name	Name
ID Type Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army	ID Type Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
ID No.	ID No.
Date D D - M M - Y Y Y Y	Date D D - M M - Y Y Y Y

Note: 1. Where the Insured Person is a child aged below eighteen (18) years, this proposal must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.

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