

Allianz Lifestyle Protect 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 the Company 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.

Proposer 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.

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.

Period of Insurance:

From - - To - -

Agent Code:

-

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

PART 1 - PARTICULAR OF PROPOSER

Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others (please specify) <input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/> Country <input type="text"/>
Mobile No.	<input type="text"/> - <input type="text"/> Phone No. <input type="text"/>
e-mail	<input type="text"/>
ID Type	<input type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.
ID No.	<input type="text"/>
Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) <input type="text"/>

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



PBPF041300

PART 2 - QUESTIONNAIRE (NOT APPLICABLE FOR COMPANY)

No.	Questions	Yes	No	Details
1.	Are you suffering from any physical deformities? If Yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you have Personal Accident, Life or Medical & Health Insurance with this or any other company(s) exceeding RM1,000,000? If Yes, please state company(s), types and amount of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have you ever made a Personal Accident or Life Insurance claim against any other insurance company(s) exceeding RM1,000? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have your applications for any Personal Accident or Life Insurance been declined, restricted or accepted at any other than normal terms? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Have you ever been declared bankrupt or currently undergoing any bankruptcy/insolvency proceedings, convicted in any court of law or subject to legal proceeding in any country? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	

Please attach separate sheet if space is insufficient.

PART 3 - PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK PLAN SELECTED

Plan		Plan A	Plan B	Plan C	Plan D	Plan E	Premium
		(RM)					(RM)
Allianz Lifestyle Protect	Standalone	85 <input type="checkbox"/>	125 <input type="checkbox"/>	165 <input type="checkbox"/>	205 <input type="checkbox"/>	245 <input type="checkbox"/>	
	*Allianz Shield Plus	76 <input type="checkbox"/>	114 <input type="checkbox"/>	153 <input type="checkbox"/>	192 <input type="checkbox"/>	231 <input type="checkbox"/>	
**Optional Benefit		Plan A	Plan B	Plan C	Plan D	Plan E	Premium
		(RM)					(RM)
Study Interruption		17 <input type="checkbox"/>	34 <input type="checkbox"/>	51 <input type="checkbox"/>	68 <input type="checkbox"/>	85 <input type="checkbox"/>	
Total Premium							
Stamp Duty							10.00
Total Payable							

Please attach separate sheet if space is insufficient.

- Notes: 1. Premium is inclusive of Service Tax.
 2. *This premium is applicable for proposer with active Allianz Shield Plus policy at time of policy issuance.
 3. **Optional Benefit is only applicable for proposer who is a registered full time student at an educational institution.

PARTICULARS OF SPONSOR

Name of Sponsor	*ID Type	ID No.	Date of Birth

Please attach separate sheet if space is insufficient.

- Notes: 1. *Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. The details of one (1) named sponsor between the age of eighteen (18) and the age of seventy (70) is compulsory if proposer opt for Optional Benefit - Study Interruption.

PART 4 - MODE OF PAYMENT

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

Cheque No. :

CREDIT/DEBIT CARD PAYMENT

Type of Card Credit Card Debit card

Credit/Debit Card Master Card Visa

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 Cardholder	<input type="text"/>	Total Premium (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 Proposer	<input type="checkbox"/> 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, parents 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.

AUTOMATIC RENEWAL

- Proposer agrees that automatic renewal will be activated for this 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 receive 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

- 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 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 renewals is selected, Proposer and 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 renewal is to be paid before the renewal date so that the Company is able to automatically renew the policy accordingly.
- 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.
- 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 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.
- 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.

8. Proposer and Cardholder 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, 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 <input style="width: 90%; border: 1px solid black;" type="text"/>	Name <input style="width: 90%; border: 1px solid black;" type="text"/>
*ID Type <input style="width: 20px; border: 1px solid black;" type="text"/>	*ID Type <input style="width: 20px; border: 1px solid black;" type="text"/>
ID No. <input style="width: 90%; border: 1px solid black;" type="text"/>	ID No. <input style="width: 90%; border: 1px solid black;" type="text"/>
Date <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/>	Date <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/>

- Notes: 1. *Code: [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 <input style="width: 90%; border: 1px solid black;" type="text"/>	Mobile No. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/>
Name <input style="width: 90%; border: 1px solid black;" type="text"/>	Phone No. <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/>
Intermediaries Code <input style="width: 90%; border: 1px solid black;" type="text"/>	Date <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/>

PART 7 - BANK DETAILS (OPTIONAL)

Type of Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (please specify) <input style="width: 40px; border: 1px solid black;" type="text"/>	
Account Holder Name	<input style="width: 95%; border: 1px solid black;" type="text"/>	
Account No.	<input style="width: 95%; border: 1px solid black;" type="text"/>	
Bank Name	<input style="width: 95%; border: 1px solid black;" type="text"/>	
Bank Address	<input style="width: 95%; border: 1px solid black;" type="text"/>	
Postcode	<input style="width: 20px; border: 1px solid black;" type="text"/>	City <input style="width: 70px; border: 1px solid black;" type="text"/>
State	<input style="width: 95%; border: 1px solid black;" type="text"/>	
Country	<input style="width: 95%; border: 1px solid black;" type="text"/>	
ID Captured when open bank account for verification	<input style="width: 95%; border: 1px solid black;" type="text"/>	
ID Type	<input style="width: 20px; border: 1px solid black;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army	
ID No.	<input style="width: 95%; border: 1px solid black;" type="text"/>	

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

PART 3 - 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 Nominee(s)	ID Type	ID No.	Nationality	Relationship	Share (%)
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

Please attach separate sheet if space is insufficient.

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

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

Name

*ID Type

ID No.

Contact No. -

Date - -

Signature of Proposer

Name

*ID Type

ID No.

Contact No. -

Date - -

- Notes: 1. *Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

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 the 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 Proposer with insurance coverage according to the Company's Privacy Statement. A copy of the same can be downloaded from the Company's website at allianz.com.my. By signing on this proposal form, Proposer and/or Cardholder and/or Insured Person consent to the use of your personal data for the purposes as stated in the Company's Privacy Statement.

PART 10 - DECLARATION

I/We hereby declare and warrant that the answers/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

<p style="text-align: center; border-top: 1px solid black; margin-bottom: 10px;">Signature of Proposer</p> <p>Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>ID Type <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army</p> <p>ID No. <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>Date <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p style="text-align: center; border-top: 1px solid black; margin-bottom: 10px;">Signature of Witness</p> <p>Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>ID Type <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army</p> <p>ID No. <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>Date <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
<p>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.</p>	

For Company Client

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer
<p>Signature</p> <p>Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>Designation <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p>Date <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>

