

PerlindunganKu Covid-19 Campaign Claim Form

IMPORTANT: The Campaign Period is from 1 October 2021 until 31 December 2022 or the date the total amount payable under this Campaign reaches RM2,000,000.00, whichever is earlier. Please note that the Eligible Participant's participation in this Campaign is subject to a 14-day waiting period from the insurance coverage issuance date. The Coverage Validity Period will correspond with the period of insurance of the Allianz PerlindunganKu, PerlindunganKu Allianz4All or Pos PerlindunganKu coverage and shall end on the expiry of the Campaign Period or the expiry of the period of insurance under the Allianz PerlindunganKu, PerlindunganKu Allianz4All or Pos PerlindunganKu coverage, whichever is earlier.

This claim request MUST BE submitted to AGIC-PerlindunganKu@allianz.com.my together with all the required documents as listed below within 30 days from the date of loss.

Please visit www.allianz.com.my to read and understand the terms and conditions.

Document check (✓)

	PerlindunganKu Covid-19 Campaign Claim Form
	Allianz E-Payment Form
	Copy of death certificate (for death coverage)
	Copy of medical report and admission and discharge summary from the government hospital
	Covid-19 Vaccination Certificate
	Claimant's ID Copy (e.g. both sides of NRIC)
	Proof of bank account details (e.g. first page of your bank statement)
	Proof of relationship (e.g. marriage/ birth certificate – if submitting for an Insured Person other than self)

Particulars of Insured Person

Name of Insured Person	
NRIC/ Old IC No./Passport No.	
Address, Mobile No. and Email Address	
*Allianz PerlindunganKu/PerlindunganKu Allianz4All/Pos PerlindunganKu eSchedule number	

* Insured Person's **Allianz PerlindunganKu, PerlindunganKu Allianz4All or Pos PerlindunganKu coverage** must be issued within the Campaign Period from 1 October 2021 till 31 December 2022.

Particulars of Claimant (if Claimant is not the Insured Person)

Name of Claimant	
NRIC/ Old IC No./Passport No.	
Address, Mobile No. and Email Address	
Relationship to the Insured Person	

Consent To Process & Disclose Personal Data

Where I am submitting this claim form as the Insured Person 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 to view the said Privacy Statement.

Where I am submitting this claim form and I am not the Insured Person 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 Insured Person)

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 authorized third parties including other insurers, brokers, credit organizations, 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 8.00 a.m. to 8.00 p.m., Monday to Friday or by email at 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.