

Special Occupation Personal Accident 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) <input type="text"/>	
Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="checkbox"/> Non-residential <input type="checkbox"/> Residential	
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"/> - <input type="text"/>
e-mail	<input type="text"/>	
ID Type	<input type="checkbox"/> Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
ID No.	<input type="text"/>	
Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>	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) <input type="text"/>	
Occupation	<input type="text"/>	



PART 2 - QUESTIONNAIRE

No.	Questions	Yes	No	Details
1.	Are you in good health and free from any physical deformities? If No, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you have PA, Life or Medical & Health Insurance with this or any other Company(s)? If Yes, please state company(s), types and amount of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have you ever made a PA or Life Insurance claim against any other insurance company(s)? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have you ever been declared bankrupt or currently under legal proceeding from Insolvency Department or have you convicted in a court of law or currently under legal proceeding in any country? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	

PART 3 - PLAN REQUIRED AND PREMIUM DETAILS

Section	Benefit	Amount of Coverage (RM)	Premium (RM)	Amount of Coverage (RM)	Total Premium (RM)
A	Death	10,000.00	32.00		
B	Permanent Disablement				
C	Medical Expenses	500.00	23.00		
		1,000.00	32.00		
		2,000.00	47.00		
		3,000.00	60.00		
		4,000.00	70.00		
		5,000.00	78.00		
				Total Premium (RM)	
				Service Tax (RM)	
				Stamp Duty (RM)	10.00
				Total Payable (RM)	

- Notes: 1. Maximum Principal Sum Insured up to RM100,000.00 only.
 2. Age Limit – Proposer between the ages of sixteen (16) years and sixty (60) years at the date of inclusion and renewable up to sixty five (65) years old.
 3. Occupation Covered - Actors, film crew, acrobats, animal trainers, ambulance men, jockeys, jungle clearing workers, loggers, sawyers, drivers/ attendants of timber lorries and winches, railway manual worker, sea fishermen, seamen/ship crew, stevedores, window-cleaners (exceeding 9m), woodworking-machinists.
 4. Professions and occupations not mentioned above and all persons above sixty (60) years of age must be referred to the Company for approval.

PART 4 - MODE OF PAYMENT

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

Cheque No:

CREDIT CARD PAYMENT



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	<input type="text"/> 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 3.

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.

HH - BB - TTTT

Signature of Cardholder
(as on card)

Date

PART 5 - BANK DETAILS

Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army																	
ID No.																				

PART 6 - 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="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

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	_____ Signature of Proposer
Name	Name
ID Type*	ID Type*
ID No.	ID No.
Contact No.	Contact No.
Date	Date

- Notes: 1. *ID Type: 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 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 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 8 - DECLARATION

I hereby declare and warrant that the answers/information given in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this proposal and I agree that this proposal and declaration shall be the basis of the contract between the Company and myself and I further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.

_____ Signature of Cardholder	[H H] - [B B] - [T T T T] 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) years, this proposal must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.