

Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)
 (Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
 A PIDM Member

Allianz Domestic Helper Shield Proposal Form

Please ensure that you read our explanation on your pre-contractual duty of disclosure, our Sanction Notice and Privacy Notice which you can access [here](#) or by scanning the QR code. Not fulfilling your duty of disclosure may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.



[Click here](#) or scan here to read more about your pre-contractual duty of disclosure, our Sanction Notice and Privacy Notice.

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="checkbox"/> Non-residential <input type="checkbox"/> Residential		
Postcode	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Contact No.	Mobile <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	House <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Office <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail	<input type="text"/>		
ID Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army		
ID No.	<input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) <input type="text"/>		

Proposer is a Corporate Body

ID Type	<input type="checkbox"/> Business Registration No. <input type="checkbox"/> New Business Registration No.
ID No.	<input type="text"/>
Tax ID No. (TIN)	<input type="text"/>
SST No.	<input type="text"/>



Part 2 - Particulars Of Domestic Helper(s)

No.	Name of Insured	ID Type	ID No.	Date of Birth	Gender	Nationality	Plan	Period of Insurance	Premium (RM)
		<input type="checkbox"/> Passport <input type="checkbox"/> NRIC			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	<input type="checkbox"/> 1 Year RM50.00 <input type="checkbox"/> 2 Years RM90.00 <input type="checkbox"/> 1 Year RM86.00 <input type="checkbox"/> 2 Years RM170.00 <input type="checkbox"/> 1 Year RM200.00 <input type="checkbox"/> 2 Years RM360.00	
		<input type="checkbox"/> Passport <input type="checkbox"/> NRIC			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	<input type="checkbox"/> 1 Year RM50.00 <input type="checkbox"/> 2 Years RM90.00 <input type="checkbox"/> 1 Year RM86.00 <input type="checkbox"/> 2 Years RM170.00 <input type="checkbox"/> 1 Year RM200.00 <input type="checkbox"/> 2 Years RM360.00	
		<input type="checkbox"/> Passport <input type="checkbox"/> NRIC			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	<input type="checkbox"/> 1 Year RM50.00 <input type="checkbox"/> 2 Years RM90.00 <input type="checkbox"/> 1 Year RM86.00 <input type="checkbox"/> 2 Years RM170.00 <input type="checkbox"/> 1 Year RM200.00 <input type="checkbox"/> 2 Years RM360.00	
		<input type="checkbox"/> Passport <input type="checkbox"/> NRIC			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	<input type="checkbox"/> 1 Year RM50.00 <input type="checkbox"/> 2 Years RM90.00 <input type="checkbox"/> 1 Year RM86.00 <input type="checkbox"/> 2 Years RM170.00 <input type="checkbox"/> 1 Year RM200.00 <input type="checkbox"/> 2 Years RM360.00	
								Service Tax (RM)	
								Stamp Duty (RM)	
								Total Payable (RM)	

Notes:

1. Please provide a copy of the Domestic Helper's National Registration Identity Card (NRIC) (for Malaysian citizen) / passport and work permit (for foreigner).
2. If there are more than one (1) Insured Person covered under one single (1) Policy, please ensure that the Period of Insurance (e.g. 1 year or 2 years) is the same for each Insured Person.
3. The Premium is subject to 8% of Service Tax. The Service Tax ("ST") amount herein may be subject to change as the ST rate shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.
4. RM10 of stamp duty shall be payable on the contract of insurance.

Part 3 – Declaration

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/We hereby declare that I/We have fully and accurately answered the questions above.

I/We also confirm that I have read Allianz General Insurance Company (Malaysia) Berhad's Privacy Notice ("Privacy Notice") and consent to the use of my personal data for the purposes stated in the Privacy Notice. Where I/We have provided personal data of another individual, I/We confirm that I have obtained such individual's consent to do so.

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 Proposer

Signature of Proposer

Name

ID Type NRIC Passport Police/Army

ID No.

Date - -

For Corporate Body Proposer

Witness By:

For and on Behalf of the Employer

Stamp of the Employer

Signature _____

Name

Designation

Date - -