

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

Allianz Lifestyle Protect 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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"/> <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"/> <input type="text"/> Fax <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"/> <input type="text"/>	
Email	<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"/> <input type="text"/> <input type="text"/>		
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) <input type="text"/>		

Please complete if 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 – 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 insurance company(ies) exceeding RM1,000,000? If Yes, please state the name of company(ies), 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(ies) 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 on any other than normal terms? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Have you been declared bankrupt or are you currently subject to any bankruptcy/insolvency proceedings or been convicted in any court of law or are you subject to any legal proceedings 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 ☒ For Plan Selected

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

Please attach separate sheet if space is insufficient.

Notes:

- *This premium is applicable for proposer with an active Allianz Shield Plus policy at time of policy issuance.
- **Optional Benefit is only applicable for proposer who is a registered full time student at an educational institution.
- Premium is subject to 8% Service Tax. The Service Tax ("ST") amount herein may be subject to change as the ST rate applied shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.
- Additionally, premium is subject to RM10 Stamp Duty payable on the contract of insurance.

Particulars Of Sponsor

Name of Sponsor	ID Type	ID No.	Date of Birth
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army		

Please attach separate sheet if space is insufficient.

Note: The details of one (1) named sponsor between the age of eighteen (18) and the age of seventy (70) is compulsory if proposer opts for Optional Benefit – Study Interruption.

Part 4 – Particulars Of Person To Be Insured

No.	Name	ID Type	ID No.	Date of Birth	Nationality	Relationship to Proposer	Plan	Optional Benefits – Study Interruption	Name of Sponsor	ID Type	ID No.	Date of Birth	Total Premium (RM)
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army								<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army								<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army								<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army								<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army								<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army								<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			
Total Premium (RM)													
Service Tax (RM)													
Stamp Duty (RM)													
Total Payable (RM)													

Please attach separate sheet if space is insufficient.

Note: The details of one (1) named sponsor between the aged of eighteen (18) and the age of seventy (70) details is compulsory if proposer opt for Optional Benefit – Study Interruption.

Part 5 – 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	ID Type	ID No.	Nationality	Relationship	Share (%)
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				

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 policy owner. 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 ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Contact No.

Date

Note: A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

Signature of Proposer

Name

ID Type ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Contact No.

Date

Part 6 – 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/We have read Allianz General Insurance Company (Malaysia) Berhad's Privacy Notice ("Privacy Notice") and consent to the use of my/our 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/We 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 - -

Note: Where the Proposer 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.

For Corporate Body Proposer

Witness By:

For and on Behalf of the Proposer

Stamp of the Proposer

Signature _____

Name

Designation

Date - -