

Allianz General Insurance Company (Malaysia) Berhad (200601015674)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Allianz Shield Plus 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="text"/>		
<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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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"/>		
Occupation	<input type="text"/>		
Occupation Category	<input type="checkbox"/> Category A <input type="checkbox"/> Category B <input type="checkbox"/> Speciality Occupation <input type="text"/>		
Occupation Category Definition			
Category A (A)	Occupations where duties are confined to office work or limited travelling and less than 50% engagement in manual labour.		
Category B (B)	Skilled, semi-skilled, use of equipment or machinery and exposed to some hazardous conditions and more than 50 engagement in manual labour.		
Speciality Occupation (S)	Police, Law Enforcement Personnel, Fireman, Racing Drivers, Persons engaged in demolition of buildings and Oil rig workers.		

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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tax ID No. (TIN)	<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"/> <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"/>
SST No.	<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"/> <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"/>
Nature of Business	<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 [Facebook](#) [Twitter](#) [LinkedIn](#) [AllianzMalaysia](#) allianz.com.my

PBPF041203 04/25



PBPF041203

Part 2 – 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 when it 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 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/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 Employer

Stamp of the Employer

Signature _____

Name

Designation

Date - -

Part 4 – Particulars Of Person To Be Insured

No.	Name	ID Type	ID No.	Date of Birth	Nationality	Occupation	Occupation Category*	Relationship to Proposer	Plan	Optional Benefits	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"/> A <input type="checkbox"/> B <input type="checkbox"/> S			<input type="checkbox"/> With Weekly <input type="checkbox"/> Without Weekly <input type="checkbox"/> DI MVA <input type="checkbox"/> IMA <input type="checkbox"/> Lifestyle and Living Benefits <input type="checkbox"/> Study Interruption		<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"/> A <input type="checkbox"/> B <input type="checkbox"/> S			<input type="checkbox"/> With Weekly <input type="checkbox"/> Without Weekly <input type="checkbox"/> DI MVA <input type="checkbox"/> IMA <input type="checkbox"/> Lifestyle and Living Benefits <input type="checkbox"/> Study Interruption		<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"/> A <input type="checkbox"/> B <input type="checkbox"/> S			<input type="checkbox"/> With Weekly <input type="checkbox"/> Without Weekly <input type="checkbox"/> DI MVA <input type="checkbox"/> IMA <input type="checkbox"/> Lifestyle and Living Benefits <input type="checkbox"/> Study Interruption		<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.

Notes:

- *Please refer Occupation Category Definition at page one (1).
- Double Indemnity due to Motor Vehicle Accident (DI MVA) is available for: Category A: Plan 1 to Plan 10, Category B: Plan 1 to Plan 5, and Speciality Occupation: Plan 1 and Plan 2.
- IMA – International and Domestic Medical Assistance and Evacuation Programme at RM1.20 per person.
- Only individuals aged sixteen (16) years old to sixty-five (65) years old are eligible to opt for Optional Benefit – Lifestyle & Living Benefits and Study Interruption.
- Study Interruption is only applicable for a proposer who is a registered full time student at an educational institution.
- The details of one (1) named sponsor between the age of eighteen (18) and the age of seventy (70) details is compulsory if a proposer opts for Optional Benefit – Study Interruption.
- In order for an individual to purchase coverage with the Principal Sum Insured of RM3 million, a completed Risk Assessment Questionnaire must be submitted.