



**Part 3 – Particulars of Insured(s) And Premium Details. Please Tick ☒ For Plan Selected**

No.	Name of Insured	ID Type	ID No.	Date of Birth	Plan	Premium (RM)
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			<input type="checkbox"/> Plan 1 RM50 <input type="checkbox"/> Plan 2 RM75	
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			<input type="checkbox"/> Plan 1 RM50 <input type="checkbox"/> Plan 2 RM75	
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			<input type="checkbox"/> Plan 1 RM50 <input type="checkbox"/> Plan 2 RM75	
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army			<input type="checkbox"/> Plan 1 RM50 <input type="checkbox"/> Plan 2 RM75	
Service Tax (RM)						
Stamp Duty (RM)						
Total Payable (RM)						

Please attach separate sheet if space is insufficient.

**Notes:**

- Premium is subject to 8% Service Tax.
- Stamp Duty is exempted until 31/12/2025. Thereafter, RM10 Stamp Duty shall be payable starting from 01/01/2026.
- 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.

**Part 4 – 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"/> 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.

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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.

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Signature of Proposer

Name

ID Type ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Contact No.

Date   -   -

## Part 5 – 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

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Signature of Proposer

Name

ID Type ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Date   -   -

## For Corporate Body Proposer

Witnessed By:

For and on Behalf of the Proposer

Stamp of the Proposer

Signature 

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Name

Designation

Date   -   -