

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

## Houseowner/Householder 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.

Cover Note No.:

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"/>
Contact No.	Mobile <input type="text"/> - <input type="text"/> House <input type="text"/> - <input type="text"/> Office <input type="text"/> - <input type="text"/> Fax <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"/> 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"/>
Situation/Address of Property to be Insured	<input type="text"/>
Mortgagee/Chargee (if any)	<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"/>
Nature of Business	<input type="text"/>
If you are a Business Entity, are You a Sole Proprietor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is the subject matter insured for	<input type="checkbox"/> Business <input type="checkbox"/> Non Business <input type="checkbox"/> Both

#### 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](mailto:customer.service@allianz.com.my)   AllianzMalaysia  [allianz.com.my](http://allianz.com.my)

## Part 2 – Property To Be Insured

The SUM to be insured must represent the FULL VALUE of the property, and the Proposer is required to sign a declaration to that effect below. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.

<b>BUILDINGS</b> The Proposer's Private Dwelling House or Flat / Apartment / Condominium and all the Domestic Offices, Stables, Garages and Out-Buildings used solely in connection therewith and on the same premises including Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto situate at as above mentioned.		SUM TO BE INSURED
Total Sum Insured on Buildings		RM
<b>CONTENTS</b> On Household Goods and Personal Effects of every description (except as mentioned below) of the Proposer or any member of the Proposer's family and domestic staff normally residing with the Proposer in the Proposer's Private Dwelling House or Flat/ Apartment/ Condominium and all the Domestic Offices, Stables, Garages and Out-buildings used solely in connection therewith and on the same premises situate at as above mentioned.  No one article (except Furniture, Pianos, Organs, Household Appliances, Radios, Television Sets, Video Recorder Sets, Hi-Fi and the likes) will be deemed of greater value than five (5) per cent of the Total Sum Insured on the said article unless such article is specially declared as a separate item.		SUM TO BE INSURED
Specify here any such articles of greater value than five (5) per cent of the Total Sum Insured on the said Contents		
Total Sum Insured on Contents		RM

### Important Notes:

- The total value of Platinum, Gold and Silver Articles, Jewellery and Furs payable under the Policy is limited to one-third of the Total Sum Insured on Contents.
- This Policy is for Private Dwellings and/or Contents contained therein, occupied solely for residential purposes or residential and domestic office purposes. No manufacture or deposit or storage of merchandise may be allowed in the Private Dwelling or in any portion of the premises of which the Private Dwelling forms a part.
- This Policy does not cover the following property unless specially declared herein:-  
 Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medals and Coins, Motor Vehicles and Accessories.

## Other Details

1. Of what materials is the dwelling constructed. (a) Walls? (b) Roof?	(a) <input type="checkbox"/> Bricks, <input type="checkbox"/> Others (please specify) (b) <input type="checkbox"/> Bricks, <input type="checkbox"/> Others (please specify)
2. (a) What is its height in storey? (b) Year of construction?	(a) <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Flats <input type="checkbox"/> Others Flat/Others (please specify) .....storey (b) .....
3. Are there any outbuildings and, if so, how are they constructed? (a) Walls? (b) Roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No (a) ..... (b) .....
4. Please state the nature of your residence (tick whichever applicable) (a) Detached Private Dwelling House. Please state the distance away from the nearest building (excluding small out-houses)? (b) Non-detached Private Dwelling House (c) Flat/Apartment/Condominium (i) with separate entrance exclusively under your control (ii) without separate entrance and not under your control (d) Room not self-contained	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (i) <input type="checkbox"/> (ii) <input type="checkbox"/> (d) <input type="checkbox"/>
5. Is the dwelling occupied solely by you and your family and servants? If <b>No</b> , state number of other tenants, lodgers, boarders or paying guests.	<input type="checkbox"/> Yes <input type="checkbox"/> No .....
6. Will the dwelling be regularly left unoccupied? Attention is drawn to a Proviso in the Policy that covers against Theft – please note that the theft coverage will be suspended for any period or periods in excess of 90 days in any one period of insurance during which the dwelling is left without an inhabitant therein unless specially agreed to by the Company.	<input type="checkbox"/> Yes <input type="checkbox"/> No .....
7. Are the buildings in a good state of repair and will they be so maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>8. Is insurance required against:</p> <p>(a) Full Theft (under Contents only)</p> <p>(b) Riot, Strike and Malicious Damage (under Buildings and Contents)</p> <p>(c) Accidental damage to plate glass (under Buildings only)</p> <p>(d) Rent Insurance under Additional Benefit E of the policy in excess of the 10% of the Total Sum Insured on Buildings and/or Contents.</p> <p>(e) Subsidence and landslip (under Buildings and/or Contents)</p> <p>(Note: Additional rates will be quoted on application for items (a) to (e) above.)</p>	<p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, limit increased to: .....%</p> <p>(e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Has any Company or Insurer in respect of any of the contingencies to which this proposal applies:</p> <p>(a) Declined to insured you?</p> <p>(b) Required special terms to insured you?</p> <p>(c) Cancelled or refused to renew your insurance?</p> <p>(d) Increased your premium on renewal?</p> <p>If so, please give particulars.</p>	<p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Have the Buildings and/or Contents suffered damage by hurricane, cyclone, typhoon, windstorm or flood during the past five years?</p> <p>If so, please give particulars.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Have you ever sustained loss from any of the perils required in Q8? If so, please give particulars.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Have you ever sustained loss from any other perils, other than those referred to in Q8 and Q10 above? If so, please give particulars.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Do you have any other policies in force covering any of the contingencies to be insured against? If so, please give particulars.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. If this proposal is in lieu of any insurance with this Company, please give particulars.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Is your home used for any business purposes other than clerical? (This includes any garage or outbuildings)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

### 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 also declare that THE TOTAL SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY as mentioned above, and I/We agree that no insurance shall commence until the Proposal has been accepted by the Company.

### For Individual Proposer

\_\_\_\_\_

Signature of Proposer

Name

ID Type ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Date    -    -

Note: 1. 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.

Witnessed By:

For and on Behalf of the Proposer

Stamp of the Proposer

Signature

Name

Designation

Date

D

D

-

M

M

-

Y

Y

Y

Y

D

D

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M

M

-

Y

Y

Y

Y