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Smart Home Cover Proposal Form

Coverage Type	<input type="checkbox"/> Annual <input type="checkbox"/> Multi-Year	Agent Code: <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"/>
Commencement of Period of Insurance	From <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"/> To <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"/>	

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

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"/>
Correspondence Address	<input type="text"/>
Postcode	<input type="text"/> <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"/>
Mobile 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"/>
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"/> <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
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"/>
Nationality	<input type="text"/>
Occupation	<input type="text"/>

For Corporate/Company Proposer

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"/>
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"/>
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"/>
*Nature of Business	<input type="text"/>

Note: *If Proposer is Corporate Body, Nature of Business is required.

☐ Correspondence address same as the insured property address

Part 2 – Particulars of Situation of Risk/Property to be Insured

Address	<input type="text"/>
Postcode	<input type="text"/> <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"/>
Claim History (Please attach separate sheet if space is insufficient)	<input type="text"/>

In the past 5 years, have you suffered any loss or damage caused by Fire and/or Lightning, Flood, Theft and/or any other perils? If Yes, please specify										<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Claim	<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"/>
Cause of Claim											
Amount of Claim (RM)											

Part 3 – Particulars of Coverage

Building <input type="checkbox"/> Yes <input type="checkbox"/> No											
Houseowner											
Type	<input type="checkbox"/> 4001 Dwellings House					<input type="checkbox"/> 4005 Dwellings – Flats/Apartments/Condominium					
Construction of Wall	<input type="checkbox"/> Fully Brick Walls and/or 2 Hours Fire Resistance					<input type="checkbox"/> Partly Brick/Wood Walls or Other Combustible Material Not Exceeding 50% of Total Wall Area					
	<input type="checkbox"/> Partly Brick Walls and Partly of Non-Combustible Material and/or Wholly of Glass					<input type="checkbox"/> Partly Brick/Wood Walls or Others Combustible Material Exceeding 50% of Total Wall Area					
Construction of Roof	<input type="checkbox"/> Non-Combustible Material					<input type="checkbox"/> Combustible Material					
Building Storey											
Year of Construction											
Financial Interest Name											
Financial Interest Type	<input type="checkbox"/> Mortgagee		<input type="checkbox"/> Chargee		<input type="checkbox"/> Lessee		<input type="checkbox"/> Hirer		<input type="checkbox"/> Debenture Holder		<input type="checkbox"/> Others
Interest Insured	<input type="checkbox"/> On Buildings (Excluding Foundation)					<input type="checkbox"/> On Architects, Surveyors, Engineers and Consultants Fees					
	<input type="checkbox"/> On Buildings (Including Foundation)					<input type="checkbox"/> On Removal of Debris					
	<input type="checkbox"/> On Additional Rent										
Sum Insured	<input type="checkbox"/> Market Value/Reinstatement Value Basis*					RM					
	<input type="checkbox"/> Agreed Value Basis**					RM					
Kindly provide following information for Agreed Value Basis:											
Type of Property	<input type="checkbox"/> Terrace/Townhouse					<input type="checkbox"/> Detached House/Bungalow					
	<input type="checkbox"/> Semi-Detached & Cluster House										
Quality of Property	<input type="checkbox"/> Low Cost Cement render floor; Skim coating ceiling; Plywood or PVC door; Louvered windows; Common brand of sanitary fittings and ironmongery; Normal switches or socket										
	<input type="checkbox"/> Medium Cost Ceramic/Porcelain/Parquet/Laminate floor; Skim coating ceiling; Casement window; Plywood and some hardwood door; Common brand of sanitary fittings and ironmongery; Common brand of switches or socket										
	<input type="checkbox"/> High Cost Marble/granite/natural wood floor; Plaster ceiling with LED lights; Heavy duty casement window or door (sound proof); Solid wooden door; Luxury or imported brand of sanitary fittings and ironmongery; Branded switches and socket (touch sensor or some with LED light)										
	<input type="checkbox"/> Premier Cost Finishings made of luxury/high-end materials such as natural stone, exotic hardwood, designer ceramic tiles and polished plaster; Features such as floor to ceiling windows, wooden/aluminium framed windows, retractable glass walls, automatic sliding doors, wrought-iron gate/fencing or handcrafted stone/brick facades; Bespoke interior design or customized finishes requiring custom-built cabinetry and fixtures (not readily available in market); Luxury or imported brand of sanitary fittings and ironmongery; Branded switches and socket (touch sensor or some with LED light)										
Gross Build-up Area					Unit of Measurement		<input type="checkbox"/> Square Feet		<input type="checkbox"/> Square Metre		
External Improvement/Internal Fitting Improved Finishes (Optional)						RM					

Additional Peril Required:	
<input type="checkbox"/> Riot, Strike and Malicious Damage	<input type="checkbox"/> Increase Limit of Liability to the Public - RM250,000
<input type="checkbox"/> Alterations, Repairs & Additions	<input type="checkbox"/> Subsidence and Landslip (Standard Cover)
<input type="checkbox"/> Hurricane, Cyclone, Typhoon or Windstorm to Metal Smoke Stacks, Awnings, Blinds, Signs and Other Outdoor Fixtures and Fittings Including Gates and Fences	<input type="checkbox"/> Others (Please specify)

Notes:

- * Market Value/Reinstatement Value Basis is not applicable for Multi-Year coverage type.
- **For Agreed Value Basis, the sum insured will be based on Allianz Agreed Value Calculator. This sum insured basis only applicable to following interest insured:
 - On Buildings (Excluding Foundation)
 - On Buildings (Including Foundation)

Householder					
Type	<input type="checkbox"/> 4006 Dwellings/Flats/Apartments/Condominium		<input type="checkbox"/> 4008 Residents Property in Hotels/Residential Clubs/Boarding Houses		
Interest Insured	<input type="checkbox"/> On Contents		<input type="checkbox"/> On Removal of Debris		
Sum Insured	<input type="checkbox"/> Full Value Basis		RM		
	<input type="checkbox"/> First Loss without Average Basis*				
Plan	Plan A	Plan B	Plan C	Plan D	Plan E
Sum Insured	RM16,000	RM31,000	RM46,000	RM71,000	RM91,000
Plan Selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:
 1. *First Loss without Average Basis only applicable to property located at non-flood prone area.

Additional Peril Required:

<input type="checkbox"/> Riot, Strike and Malicious Damage	<input type="checkbox"/> Increase Limit of Liability to the Public - RM250,000
<input type="checkbox"/> Theft Cover - Including Domestic Servants	<input type="checkbox"/> Subsidence and Landslip (Standard Cover)
<input type="checkbox"/> Damage by Falling Tree or Branches and Object Thereform	<input type="checkbox"/> Others (Please specify)

- Important Notes:**
- The coverage for Platinum, Gold, and Silver Articles, Jewelry, and Furs under the Policy is restricted to one-third of the Total Sum Insured on Contents.
 - This Policy applies to Private Dwellings and/or the Contents within them, used exclusively for residential purposes or a combination of residential and domestic office purposes. The manufacture, deposit, or storage of merchandise is not permitted in the Private Dwelling or any part of the premises that includes the Private Dwelling.
 - This Policy does not provide coverage for the following items unless explicitly stated in the Policy Schedule: Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Banknotes, Manuscripts, Medals and Coins, Motor Vehicles, and Accessories.
 - For Annual policy, no one article (furniture, pianos, organs, household appliances, radios, television sets, video recorder sets, Hi-Fi equipment and the like excepted) will be deemed of greater value than five (5) per cent of the Total Sum Insured on the said Contents unless such articles is specially declared as a separate item. Please submit the listing for any such articles with value greater than five (5) per cent of the Total Sum Insured on the said Contents per item unit to the respective branches.

Mortgage Loan Installment Protection			
Benefits/Plan	Sum Insured (RM)		
	Plan A	Plan B	Plan C
Loss or Damage to Building or You Being Evacuated by Local Authority	Up to 10,000 or 6 months	Up to 20,000 or 6 months	Up to 30,000 or 6 months
Accidental Death & Total Permanent Disablement	Up to 10,000 or 6 months	Up to 20,000 or 6 months	Up to 30,000 or 6 months
Plan Selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HomeFix			
Benefits/Plan	Sum Insured (RM)		
	Plan A	Plan B	Plan C
Repair of Burst Pipe (up to)	Up to 5,000	Up to 10,000	Up to 20,000
Repair or Replacement of Doors, Locks and Windows (up to)	Up to 200	Up to 200	Up to 200
Domestic Help Allowance (one claim per Insured Event only, up to the maximum limit set out here per Insured Event)	Up to 100	Up to 200	Up to 300
Home Repair/Services (one claim only, up to the maximum limit)	50	60	80
Home Care (one claim only, up to the maximum limit)	1,000	1,500	2,500
Plan Selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Improvements (optional add-on)	Sum Insured (Full Value Basis): RM		

Landlord Insurance

Benefits/Plan	Sum Insured (RM)		
	Plan A	Plan B	Plan C
Malicious Damage by Tenant	Up to 2,000	Up to 2,000	Up to 2,000
Runaway Tenant	Not Covered	RM500 per incident, limited to twice a year	RM1,500 per incident, limited to twice a year
Legal Fees for Letter of Demand	Limited to twice a year	Limited to twice a year	Limited to twice a year
Plan Selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 – 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 (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/we have obtained such individual's consent to do so.

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	<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"/>
Date	<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"/>