

Allianz General Insurance Company (Malaysia) Berhad (200601015674)

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

Special Occupation Personal Accident 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"/> <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"/> 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"/>
	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"/> 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"/>
Email	<input type="text"/>
ID Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army <input type="checkbox"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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"/> <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"/> 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"/>

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"/> <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"/> <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"/> <input type="text"/>



Part 2 – Questionnaire

No.	Questions	Yes	No	Details
1.	Are you in good health and free from any physical deformities? If No, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you have Personal Accident ("PA"), Life or Medical & Health Insurance with us or any other insurance company(ies)? If Yes, please state the company(s), types and amount of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have you ever made a PA or Life Insurance claim against any other insurance company(ies) (including Allianz Life Insurance Malaysia Berhad)? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have you ever been declared bankrupt or are currently the subject of any legal proceeding initiated by the Insolvency Department or have you been convicted in a court of law or are currently the subject of legal proceedings in any country? If Yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	

Part 3 – Plan Required And Premium Details

Section	Benefit	Amount of Coverage (RM)	Premium (RM)	Amount of Coverage Selected (RM)	Total Premium (RM)
A	Accidental Death	10,000.00	32.00		
B	Permanent Disablement				
C	Medical Expenses	500.00	23.00		
		1,000.00	32.00		
		2,000.00	47.00		
		3,000.00	60.00		
		4,000.00	70.00		
		5,000.00	78.00		
Total Premium (RM)					
Service Tax (RM)					
Stamp Duty (RM)				10.00	
Total Payable (RM)					

Notes:

- The maximum Principal Sum Insured (for Death and Permanent Disablement) is up to RM100,000.00 only.
- Age Limit – Proposer must be from the ages of sixteen (16) to sixty (60) years old at the date of inclusion, and the coverage under this policy is renewable up to sixty five (65) years old.
- Occupation Covered - Actors, film crew, acrobats, animal trainers, ambulance personnel, jockeys, jungle clearing workers, loggers, sawyers, drivers/ attendants of timber lorries and winches, railway manual worker, sea fishermen, seamen/ship crew, stevedores, window-cleaners (exceeding 9m), woodworking-machinists.
- Professions and occupations not mentioned above and all persons above sixty (60) years of age must be referred to the Company for approval.
- 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.

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 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 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

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 - -