

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

# Homeguard 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) |                          |  |                          |   |                          |                 |
| Name             |  |           |  |                         |   |             |  |                          |  |                          |   |                          |                 |
| Address          | <div><input type="checkbox"/> Non-residential</div> <div><input type="checkbox"/> Residential</div>  |           |  |                         |   |             |  |                          |  |                          |   |                          |                 |
| Postcode         | <div><div></div><div></div><div></div><div></div><div></div><div></div></div>  |           |  |                         |   |             | City   |                          |  |                          |   |                          |                 |
| State            |  |           |  |                         |   |             | Country  |                          |  |                          |   |                          |                 |
| Contact No.      | Mobile   |           | <div><div></div><div></div><div></div></div> | -                       | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |             |  | House                    | <div><div></div><div></div><div></div></div> | -                        | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |                          |                 |
|                  | Office   |           | <div><div></div><div></div><div></div></div> | -                       | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |             |  | Fax                      | <div><div></div><div></div><div></div></div> | -                        | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |                          |                 |
| Email            |  |           |  |                         |   |             |  |                          |  |                          |   |                          |                 |
| ID Type          | <input type="checkbox"/>   | NRIC      | <input type="checkbox"/>                     | Passport                | <input type="checkbox"/>  | Police/Army | Gender   | <input type="checkbox"/> | Male   | <input type="checkbox"/> | Female  |                          |                 |
| ID No.           | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |           |  |                         |   |             |  |                          |  |                          |   |                          |                 |
| Date of Birth    | <div><div>D</div><div>D</div><div>-</div><div>M</div><div>M</div><div>-</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>  |           |  |                         |   |             | 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) |   |             |  |                          |  |                          |   |                          |                 |
| Occupation       |  |           |  |                         |   |             |  |                          |  |                          |   |                          |                 |
| Occupation Class | <input type="checkbox"/>   | Class 1   | <input type="checkbox"/>                     | Class 2                 | <input type="checkbox"/>  | Class 3     |  |                          |  |                          |   |                          |                 |

### Occupation Class Definition

|         |  |
|---------|--|
| Class 1 | Occupation involving non-manual, administrative or clerical work – solely in offices or similar non-hazardous places or full time student.                                 |
| Class 2 | Occupation involving work of supervisory nature or travelling outside office for business purposes but not engaging in manual labour.                                      |
| Class 3 | Occupation involving occasional or regular manual work not particularly hazardous in nature but involving the use of tools or machinery (not using woodworking machinery). |

## Part 2 – Questionnaire

| No. | Questions  | Yes                      | No                       | Details |
|-----|--|--------------------------|--------------------------|---------|
| 1.  | Have you ever suffered any losses in regard to the contents of your house in the past three (3) years? If Yes, please give details.  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 2.  | 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 – Situation Of Risk

|          |                      |      |                      |
|----------|----------------------|------|----------------------|
| Address  |                      |      |                      |
| Postcode | <input type="text"/> | City | <input type="text"/> |
| State    | <input type="text"/> |      |                      |
| Country  | <input type="text"/> |      |                      |

## Part 4 – Limit of Interest Insured

The total value of platinum, gold and silver articles, jewellery and furs shall be deemed not to exceed one third (1/3) of the Total Sum Insured. No one article (except furniture, pianos, organs, household appliances, radios, televisions, video recorders, hi fi equipment and the likes) shall be deemed of greater value than five percent (5%) of the Total Sum Insured unless such article is specially declared as a separate item. All declared items have to be attached with proof of purchase i.e. receipts, photos etc upon claim submission.

## Part 5 – Plan Required And Premium Details. Please Tick ☒ For Plan Selected

| Floor Area (in sq ft) |                | Low Value (RM) |                          | Medium Value (RM) |                          | High Value (RM) |                          |
|-----------------------|----------------|----------------|--------------------------|-------------------|--------------------------|-----------------|--------------------------|
| Up to 1,000           | Sum Insured    | 30,000.00      | <input type="checkbox"/> | 40,000.00         | <input type="checkbox"/> | 60,000.00       | <input type="checkbox"/> |
|                       | Annual Premium | 212.00         | <input type="checkbox"/> | 283.00            | <input type="checkbox"/> | 425.00          | <input type="checkbox"/> |
| 1,001 to 2,500        | Sum Insured    | 50,000.00      | <input type="checkbox"/> | 70,000.00         | <input type="checkbox"/> | 90,000.00       | <input type="checkbox"/> |
|                       | Annual Premium | 354.00         | <input type="checkbox"/> | 496.00            | <input type="checkbox"/> | 561.00          | <input type="checkbox"/> |
| 2,501 and above       | Sum Insured    | 75,000.00      | <input type="checkbox"/> | 100,000.00        | <input type="checkbox"/> | 120,000.00      | <input type="checkbox"/> |
|                       | Annual Premium | 531.00         | <input type="checkbox"/> | 624.00            | <input type="checkbox"/> | 748.00          | <input type="checkbox"/> |

Notes:

- Where the Sum Insured exceeds RM120,000.00, an additional premium of RM6.10 will be applicable for every RM1,000.00 or part thereof in excess of RM120,000.00.
- 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.
- RM10 stamp duty is payable on the policy.

|  |        |                          |
|--|--------|--------------------------|
| Optional – Domestic Medical Assistance Programme | RM1.20 | <input type="checkbox"/> |
|--|--------|--------------------------|

## Declaration of items above 5% of Total Sum Insured

Please list down items which exceed 5% of your Total Sum Insured.

| Items | Sum Insured (RM) |
|-------|------------------|
|       |                  |
|       |                  |
|       |                  |
|       |                  |
|       |                  |

Notes:

- If an item which exceeds 5% of Total Sum Insured is not declared above, then the maximum payable (in the event of a claim) is only 5% of Total Sum Insured.
- All buildings relating to the above insurance must be constructed of brick/concrete wall and roofed with tiles/asbestos. It must be solely for the purpose of dwelling.
- This policy does not cover loss or damage to:- deeds, bonds, bills of exchange, promissory notes, cheques, securities for money, stamps, documents, manuscripts, medals and antiques, motor vehicles including bicycles and accessories or livestock.

## Part 6 – 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<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Police/Army |        |             |              |           |
|                    | <input type="checkbox"/> NRIC<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Police/Army |        |             |              |           |
|                    | <input type="checkbox"/> NRIC<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Police/Army |        |             |              |           |
|                    | <input type="checkbox"/> NRIC<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Police/Army |        |             |              |           |
|                    | <input type="checkbox"/> NRIC<br><input type="checkbox"/> Passport<br><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                 | <input type="text"/>  |
| ID Type              | <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army  |
| ID No.               | <input type="text"/>  |
| Contact No.          | <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"/> |

Note: A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

| Signature of Proposer |   |
|-----------------------|---|
| Name                  | <input type="text"/>  |
| ID Type               | <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army  |
| ID No.                | <input type="text"/>  |
| Contact No.           | <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"/> |

Part 7 – Declaration

I understand that it is my duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I hereby declare that I have fully and accurately answered the questions above.

I also confirm that I have read Allianz General Insurance Company (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 have provided personal data of another individual, I confirm that I have obtained such individual’s consent to do so.

I further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.

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.