

## HOUSEOWNER/HOUSEHOLDER INSURANCE PROPOSAL FORM

Allianz General Insurance Company (Malaysia) Berhad (735426-V) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia (BNM).

**CONSUMER INSURANCE CONTRACT**

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **wholly for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

**NON-CONSUMER INSURANCE CONTRACT**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **for a purpose related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

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The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company or official cover note issued.

Cover Note No.: \_\_\_\_\_

Period of Insurance : From \_\_\_\_\_ To \_\_\_\_\_

Agency Code : \_\_\_\_\_

Please use BLOCK LETTERS/Tick  appropriate box.

**PERSONAL PARTICULARS OF PROPOSER**

Name of Proposer :   
(as per NRIC/Passport)

**Goods and Services Tax (GST) Related Questions**

Are You registered for GST?  Yes  No

If Yes, please provide: i) GST Registration Date:  -  -  ii) GST Registration No:

If you are a Business Entity, are You a Sole Proprietor?  Yes  No

If yes, is the subject matter insured for  Business  Non Business  Both

Salutation :  Mr  Madam  Miss

Correspondence :   
Address   
 Post Code :

Contact No. : (H) :  -  (O) :  -   
(HP) :  -  (Email):

Date of Birth :  -  -  NRIC/Bus. Reg./Passport No. :

Nationality :  Malaysian  Others \_\_\_\_\_

Occupation :

Situation/Address :   
Of Property to be Insured   
 Post Code :

Mortgagee/Chargee :   
(if any)

**PROPERTY TO BE INSURED**

The SUM to be insured must represent FULL VALUE of the property, the Proposer being 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.

BUILDINGS 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
<b>Total Sum Insured on Buildings</b>	<b>RM</b>



<p><b>CONTENTS</b> On Household Goods and Personal Effects of every description (except as aftermentioned) the property 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 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.</p> <p>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.</p> <p>Specify here any such articles of greater value than five (5) per cent of the Total Sum Insured on the said Contents ) .....  ) .....  ) .....</p>	<p><b>SUM TO BE INSURED</b></p>
<p>Total Sum Insured on Contents</p>	<p><b>RM</b></p>

**IMPORTANT NOTE**

- The 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 property more specifically insured or, unless specially mentioned 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	
<p>1. Of what materials is the dwelling constructed.</p> <p>(a) Walls?</p> <p>(b) Roof?</p>	<p>(a) <input type="checkbox"/> bricks, <input type="checkbox"/> Others, Specify _____</p> <p>(b) <input type="checkbox"/> tiles, <input type="checkbox"/> Others, Specify _____</p>
<p>2. (a) What is its height in storey?</p> <p>(b) Year of construction?</p>	<p>(a) <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Flats <input type="checkbox"/> Others Flats/Other, Specify, _____ storey</p> <p>(b) _____</p>
<p>3. Are there any outbuildings and, if so, how are they constructed?</p> <p>(a) Walls?</p> <p>(b) Roof?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(a) _____</p> <p>(b) _____</p>
<p>4. Please state the nature of your residence (tick whichever applicable)</p> <p>(a) Detached Private Dwelling House. Please state the distance away from the nearest building (excluding small out-houses)?</p> <p>(b) Non-detached Private Dwelling House</p> <p>(c) Flat/Apartment/Condominium (i) with separate entrance exclusively under your control (ii) without separate entrance and not under your control</p> <p>d) Room not self-contained</p>	<p>(a) <input type="checkbox"/></p> <p>(b) <input type="checkbox"/></p> <p>(c) <input type="checkbox"/> (i) <input type="checkbox"/> (ii) <input type="checkbox"/></p> <p>(d) <input type="checkbox"/></p>
<p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. Will the dwelling regularly be left unoccupied? Attention is drawn to a Proviso in the Policy that cover against Theft will be suspended for any period or periods in excess of 90 days in any one period of insurance during which the dwelling be left without an inhabitant therein unless specially agreed to by the Company.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO _____</p>
<p>7. Are the buildings in a good state of repair and will they be so maintained?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<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</p> <p>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 insure 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 of the hereinmentioned 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. Have you 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>

**PAYMENT INSTRUCTION**

I enclose cash/cheque no.: \_\_\_\_\_ for RM \_\_\_\_\_ made payable to Allianz General Insurance Company (Malaysia) Berhad.

**Credit Card Payment**






**Direct Debit Authorization**  
 I hereby request and authorize Allianz General Insurance Company (Malaysia) Berhad (Allianz) to debit my credit card account indicated below the amount (in RM) of the annual premium due as stated below or such other amount (in RM) as advised by Allianz from time to time under my insurance policy set out below.

Name Of Cardmember :

Cardmember's Account No. :

Expiry Date :  /   
 mm                      yyyy

Name of Insured	Premium Amount (RM)
1. <input type="text"/>	_____

Total Payable (RM) \_\_\_\_\_

**DECLARATION**

I hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep Allianz informed in writing or by giving fresh standing instructions. Further, I agree that the Terms and Conditions as for credit card payments shall apply which, shall be made available upon my request.

\_\_\_\_\_  
 Signature Of Cardmember  
 (Signature must correspond with the Cardmember's signature on the credit card)

\_\_\_\_\_  
 Date

## DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at "http://www.allianz.com.my" to view our Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010).

### Disclosure & Consent

The personal data You supply will be used by the Allianz Group and its agents to facilitate the performance of Our function as an insurance company according to the Privacy Statement. By signing on this proposal form You consent to the use of Your personal data for the purposes as stated in the Privacy Statement.

### Marketing and Your Privacy

The information you supply may be used by the Allianz Group and their agents to keep you informed on services or products which may be of interest to you. Would you like to be contacted for such purpose? What is the best method for Allianz to stay in touch with you?

**Yes, I wish to be contacted. Please contact me by:**  Email  Telephone  Post  
**No, I do not wish to be contacted for such purpose.**

In certain cases, Allianz may also share your information with a third party outside its financial group for marketing purposes provided always that you have expressly consented to our doing so. Please indicate below if you consent to such disclosure.

**I consent to Allianz disclosing my information to a third party outside its financial group for marketing campaign purposes.**  Yes  No

### Contacting Us About Access and Correction of Your Personal Information

Allianz aims to ensure that your personal information is accurate, up to date and complete. Please contact us at **1-300-88-1028**, from 8.45 a.m. to 5.45 p.m., Mon-Fri if you would like to seek access to, or revise your personal information or feel that the information we currently have on record is incorrect or incomplete.

If you believe that the privacy of your personal information at Allianz has been interfered with, you may lodge a complaint by contacting us at **03-2264 0520** or **03-2263 6002**, from 8.45 a.m. to 5.45 p.m., Mon-Fri or email us at [customer.service@allianz.com.my](mailto:customer.service@allianz.com.my). Your complaint will be managed and resolved through our internal Complaint Procedure.

Signature of Policyowner/Assignee : \_\_\_\_\_ Date : \_\_\_\_\_

## GENERAL IMPORTANT NOTICE

1. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us, any of the information given is inaccurate or has changed.
2. You should ensure that the application form is completed accurately as it forms the basis of the insurance contract.
3. This Proposal Form shall form part of the Policy contract Policy owner is advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Allianz General Insurance Company (Malaysia) Berhad if necessary.
4. Your attention is drawn to the 60 days Premium Warranty attached to the policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from commencement date of cover.
5. We reserve the right of acceptance, coverage will only be effective upon approval by Allianz General Insurance Company (Malaysia) Berhad (735426-V).

## GOODS AND SERVICES TAX (GST)

### Goods and Services Tax Notice

You are advised to review the adequacy of your Sum Insured as Goods and Services Tax ("GST") may have an impact on your claims settlement as stated below.

### Goods and Services Tax impact on Claims Settlement

#### Claims Settlement

We will pay your claim inclusive of the GST on items which are taxable supplies, up to the limit of the Sum Insured.

In the event that you are entitled to claim for the Input Tax Credit and if we make a payment under this policy as compensation to you, we will reduce the amount of the payment by deducting your Input Tax Credit entitlement irrespective of whether you have or have not claimed the Input Tax Credit, up to the limit of the Sum Insured.

#### Determining the adequacy of the Sum Insured

If the subject matter hereby insured (inclusive of the GST) shall, on the happening of an insured peril, be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss accordingly. Every insured item, if more than one, of the policy shall be separately subject to this condition.

In the event that you are entitled for the Input Tax Credit on each of the insured item(s), the value as stated above will be reduced by deducting your Input Tax Credit entitlement in determining the adequacy of the Sum Insured.

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

Date   -   -     
Day Month Year

.....  
Signature of Proposer/Company's Chop