



Smart Home Cover Proposal Form

Allianz General Insurance Company (Malaysia) Berhad ('Company') 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 purpose 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 and 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, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

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 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 contract, claims denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

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.

You should ensure that this Proposal Form is completed correctly as it forms the basis of the insurance contract and shall form part of the insurance policy with Allianz General Insurance Company (Malaysia) Berhad ("Company/we/us"). This basis of contract clause shall not apply if you are an individual applying for this insurance wholly for purposes unrelated to your trade, business or profession.

Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from the Company if necessary.

The liability of the Company does not commence until acceptance of the proposal form has been intimated by the Company or policy has been issued.

Period of Insurance: Annual Multi Year

Cover Note No.:

From - - To - -

-

Agent Code:

-

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 _____
Name of Proposer (as per NRIC/ Passport)	<input type="text"/>
Correspondence Address	<input type="text"/> <input type="text"/> <input type="text"/> Post Code <input type="text"/>
Contact No.	(H) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (O) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (HP) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Email) <input type="text"/>
Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NRIC/Bus. Reg./Passport No. <input type="text"/>
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____
Occupation	<input type="text"/>
Situation/Address	<input type="text"/> <input type="text"/> <input type="text"/> Post Code <input type="text"/>
Mortgagee/Chargee (if any)	<input type="text"/>

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 AllianzMalaysia allianz.com.my

PART 2 - 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.

<p>Section I - 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.</p>	SUM TO BE INSURED
<p>OPTION 1 - Agreed Value Basis <input type="checkbox"/></p> <p>(Sum insured will be calculated based on Allianz Agreed Value Calculator subjected to the below information)</p> <p>Please declare the below information accurately</p> <p>Building Type/Type of Property: <input type="checkbox"/> Terrace/Town House <input type="checkbox"/> Semi-Detached/Cluster House <input type="checkbox"/> Detached House/Bungalow</p> <p>No. of Storey: _____ Storey(s)</p> <p>Gross Built-Up Area of the building: _____ sq feet / sq meter (Please strikethrough the non applicable)</p> <p>Finished Cost/Quality of Property: <input type="checkbox"/> Low Cost <input type="checkbox"/> Medium Cost <input type="checkbox"/> High Cost</p> <p>External Improvement/ Internal Fitting/ Improved Finishes: RM _____ (optional)</p>	To refer to Allianz Agreed Value Calculator
<p>Option 2 - Market Value / Reinstatement Value Basis <input type="checkbox"/></p> <p>(Not available for Multi Year coverage)</p>	
Total Sum Insured on Buildings	RM

<p>Section II - CONTENTS</p>	SUM TO BE INSURED										
<p>Option 1 - Full Value Basis</p> <p>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) percent of the Total Sum Insured on the Said Contents)))</p> <p>(applicable to Annual Policy)</p>											
Total Sum Insured on Contents	RM										
<p>Option 2 - First Loss without Average Basis</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Plan A</td> <td style="text-align: center;"><input type="checkbox"/> Plan B</td> <td style="text-align: center;"><input type="checkbox"/> Plan C</td> <td style="text-align: center;"><input type="checkbox"/> Plan D</td> <td style="text-align: center;"><input type="checkbox"/> Plan E</td> </tr> <tr> <td style="text-align: center;">RM16,000</td> <td style="text-align: center;">RM31,000</td> <td style="text-align: center;">RM46,000</td> <td style="text-align: center;">RM71,000</td> <td style="text-align: center;">RM91,000</td> </tr> </table>	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E	RM16,000	RM31,000	RM46,000	RM71,000	RM91,000	
<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E							
RM16,000	RM31,000	RM46,000	RM71,000	RM91,000							

<p>Section III - MORTGAGE LOAN INSTALLMENT PROTECTION Covers your monthly loan installment for the insured building against Damage to Building and Accidental Death & Permanent Disablement to Insured</p>			
Benefits	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
a. House deemed temporarily uninhabitable arising from insured perils other than theft	Up to RM 10,000 or 6 months	Up to RM 20,000 or 6 months	Up to RM 30,000 or 6 months
b. Accidental Death & Permanent Disablement	Up to RM 10,000 or 6 months	Up to RM 20,000 or 6 months	Up to RM 30,000 or 6 months

Section IV - HOMEFIX			
Benefits	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
1. Repair of Burst Pipe	Up to RM5,000	Up to RM10,000	Up to RM20,000
2. Repair or Replacement of Doors, Locks and Windows	Up to RM200	Up to RM200	Up to RM200
3. Domestic Help Allowance	Up to RM100	Up to RM200	Up to RM300
4. Home Repair/Service	RM50	RM60	RM80
5. Home Care	RM1,000	RM1,500	Up to RM2,500

Section V - LANDLORD INSURANCE			
Benefits	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
1. Malicious Damage by Tenant	RM2,000	RM2,000	RM2,000
2. Tenant Runaway	N/A	RM1,000 (RM500 / incident)	RM3,000 (RM1,500 / incident)
3. Legal Fee for Letter of Demand	Limited to twice in a year	Limited to twice in a year	Limited to twice in a year

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 purpose or residential and domestic office purpose.
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 specifically mentioned in the Policy Schedule:-
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.

PART 3 - OTHER DETAILS

1. Of what materials is the dwelling constructed. (a) Walls? (b) Roof?	(a) <input type="checkbox"/> bricks, Others, Specify _____ (b) <input type="checkbox"/> tiles, Others, 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"/> Fla <input type="checkbox"/> Others Flats/Other, 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 exclusive 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 no, state number of other tenants, lodgers, boarders or paying guests.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are the buildings in a good state of repair and will they be so maintained?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>7. 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>8. 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>_____</p>
<p>9. 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>_____</p>
<p>10. Have you ever sustained loss from any of the perils required in Q8?</p> <p>If so, please give particulars.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>11. 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>_____</p>
<p>12. 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>_____</p>
<p>13. 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>_____</p>
<p>14. 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 4 - MODE OF PAYMENT

I enclose cash/cheque RM _____ made payable to Allianz General Insurance Company (Malaysia) Berhad.
Cheque No. : _____

CREDIT/DEBIT CARD PAYMENT

Type of Card Credit Card Debit Card
Credit/Debit Card Master Card Visa

DIRECT DEBIT AUTHORIZATION

Cardholder hereby requests and authorizes the Company to debit the premium and such amount payable as Service Tax to Credit/Debit Card account as indicated below for insurance policy applied for herein.

Name Of Cardholder	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total Premium (RM): Total Payable (RM):
Cardholder's Account No.	<input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> / <input type="text"/>
Issuing Bank	<input type="text"/> <input type="text"/>	
Relationship to Proposer	<input type="checkbox"/> Code: [01] Own [02] Spouse [03] Parents [04] Children	

Notes: 1. Premium payment through Credit/Debit Card is allowed if the Cardholder is paying for his/her own policy or the policy of family member namely his/her spouse, parents or children.
2. The Company reserves the right to immediately cancel this policy or renewal if the Proposer and insured Person's relationship with the Cardholder is found to be untrue.

PART 5 - TERMS AND CONDITIONS FOR PAYMENT SECTION ONLY

1. Cardholder hereby authorize the Company to charge the Credit/Debit Card for payment of insurance premium for this policy as indicated above for the benefit of the Proposer and/or insured Person.
2. Proposer and Cardholder understand that this policy shall take effect only after successfully obtaining: (1) approval from the credit/debit card company concerned for the direct debit instruction based on the relevant details herein; and (2) underwriting approval from the company based on the accompanying proposal form and/or renewal request.
3. Proposer and Cardholder understand and agree that for the renewal of this policy and pursuant to the above payment instructions, the Credit/Debit Card will continue to be charged for the renewal by the Company unless Proposer informs the Company otherwise.
4. Proposer and Cardholder understand that the policy or renewal will not be effective if this direct debit authorization request is subsequently rejected by the credit/debit card company.
5. Proposer and Cardholder further agree and consent that the Company and/or its service providers may collect, use and process personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Statement (Notice to Customers of Allianz General Insurance (Malaysia) Berhad on the Personal Data Protection Act 2010) which can be found on the Company's website at allianz.com.my.
6. Proposer and Cardholder declare that at the time of application, Proposer and Cardholder have not been convicted and are not in any offences under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001("AMLATFPUAA") and sections 130N, 130O, 130P or 130Q of the Penal Code.
7. Proposer and Cardholder further agree and consent that in the event the Company finds this information to be untrue, the Company reserves the rights to cancel the policy or renewal and to suspend any claim under the policy.
8. Proposer and Cardholder 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, Proposer and Cardholder shall keep the Company informed in writing or by giving fresh standing instruction. Further, Proposer and Cardholder agree that the Terms and Conditions for Credit/Debit Card payment shall apply and a copy of the Terms and Conditions shall be made available upon request.

Signature of Proposer

Signature of Cardholder

Name	<input type="text"/>
*ID Type	<input type="text"/>
ID No.	<input type="text"/>
Date	<input type="text" value="DD - MM - YYYY"/>

Name	<input type="text"/>
*ID Type	<input type="text"/>
ID No.	<input type="text"/>
Date	<input type="text" value="DD - MM - YYYY"/>

- Notes: 1. *Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Amy [05] Business Registration No.
2. Where the Insured Person is a child aged below eighteen (18) years, this form must be signed by his/her parent/guardian. Please state Name, ID Type and ID No. of the Parent/Guardian.
3. If the Cardholder is the same as the Proposer, please sign on the Cardholder portion only.

PART 6 - FOR SUBMISSION BY INTERMEDIARIES

I hereby confirm the above information is given by the Proposer and/or Cardholder and I have witnessed the signature of the Proposer and/or Cardholder.

Intermediaries Name	<input type="text"/>
Intermediaries Code	<input type="text"/>

Mobile No.	<input type="text"/>	-	<input type="text"/>
Phone No.	<input type="text"/>	-	<input type="text"/>
Date	<input type="text" value="DD - MM - YYYY"/>		

PART 7 - 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 supplied for this policy will be used by the Company, its service providers and agents to enable the Company to provide the insurance coverage applied for herein and facilitate the Company's functions as an insurance company in accordance with the Company's Privacy Statement. By signing on this proposal form, you, as the Proposer and/or Cardholder, consent to the use of your personal data for the purposes stated in the Company's Privacy Statement. Where you have provided personal data of another individual, you confirm that you have obtained such individual's consent to do so.

PART 8 - GENERAL IMPORTANT NOTICE

1. 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.
2. We reserve the right of acceptance, coverage will only be effective upon approval by Allianz General Insurance Company (Malaysia) Berhad (200601015674).

PART 9 - 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 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