

**Receipt of Payment**

We enclose cash RM \_\_\_\_\_ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Date   -   -

Name	
UNHCR Individual No.	
Premium Amount (RM)	
Total Payable (RM)	

Payment Received by:

For inquiries regarding this receipt, please reach out to an authorised Allianz agent.



**COMBO DEAL  
AT ONLY  
RM183.60<sup>1</sup>**

# Refugee Medical Insurance Program (REMEDI) in partnership with UNHCR

Comprehensive coverage for the needs of refugees<sup>2</sup> in Malaysia.



Hospitalisation & Surgical expenses



Personal Accident coverage

<sup>1</sup> Premium is inclusive of service tax.

<sup>2</sup> Refugees and asylum-seekers registered with UNHCR in Malaysia aged from eighteen (18) to sixty (60) years old.



Scan the QR Code or [Click Here](#) to find out more!

Underwritten by:

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

The benefit(s) payable under this eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Allianz General Insurance Company (Malaysia) Berhad or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my)).

## Enrolment Form

### 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 Enrolment Form and disclose any other matter 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, claim 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 purposes related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to the Company 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.

**The above duty of disclosure 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 Enrolment Form is completed correctly as it forms the basis of the insurance contract and shall form part of the insurance policy with Company. 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.

The liability of the Company does not commence until this Enrolment Form form has been accepted by the Company or an official cover note is issued.

Period of Insurance:

From   -   -     To   -   -

Agent Code:

-

Please complete in CAPITAL LETTERS/Tick (✓) in the appropriate boxes.

### Part 1 – Particulars of Insured Person

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Details Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
ID  UNHCR File No. (Family) \_\_\_\_\_  UNHCR Individual No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender  Male  Female  
Country of Origin \_\_\_\_\_

### Part 2 – Plan

Hospitalization and Surgical (H&S)  Personal Accident (PA) (Optional)

### Part 3 – Data Privacy and Disclosure of Personal Information

Protection of your privacy is very important to us. Please visit our website at [allianz.com.my](http://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 and Consent

The personal data you supply as an individual to purchase the above insurance will be used by Allianz General Insurance Company (Malaysia) Berhad and its agents to facilitate the performance of our function as an insurance company according to our Privacy Statement. By signing on this enrollment form you consent to the use of your personal data for the purposes as stated in our Privacy Statement.

### Part 4 – Declaration

I hereby declare that the information given in this Enrolment Form is true and correct and I have not withheld any information or concealed, misrepresented or misstated any material facts that are likely to affect the acceptance of this proposal.

Signature of Insured Person \_\_\_\_\_

Date \_\_\_\_\_

### Instruction to Pay

Please inform the individual(s) you name below of this Instruction to Pay so that he/she can receive the benefits payable upon death without delay.

### Personal Accident

**Master Policy Owner** United Nations High Commissioner for Refugees on the Life of Registered Refugees and Asylum-Seekers in Malaysia

- As the Insured Person covered under the Master Policy above, I HEREBY instruct Allianz General Insurance Company (Malaysia) Berhad as the Insurer to make payment of all and any monies payable upon my death under the relevant Master Policy ("the Policy Monies") to the person(s) named below.
- I HEREBY declare that this is my latest instruction and revoke any previous instruction that I may have given prior to this instruction. I agree that this instruction shall be valid and shall take effect if it is submitted to and acknowledged by you as the Insurer, during my lifetime.
- I HEREBY instruct you as the Insurer to pay the Policy Monies to the person(s) named below, in the proportion as listed in the table below, and I declare that such person(s) is/are my next-of-kin:

Name	Nationality	Date of Birth	UNHCR Indiv. No./NRIC No.	Contact No.	Relationship	Share (%)

- UNLESS I inform you otherwise, the person(s) named above shall continue to be appointed to receive the Policy Monies for as long as my coverage under the Master Policy remains in force.
- I HEREBY declare that the Policy Monies paid to the person(s) named above shall be deemed to have been duly paid to me or to the person(s) entitled through me and shall completely discharge the Insurer from all liability to me under the Master Policy.
- I hereby irrevocably indemnify the Insurer against any claims that may be made against the Insurer for the payment of the Policy Monies as instructed by me in this document and this indemnity shall remain binding upon my legal and personal representatives and my estate.

I, the undersigned, declare that I am at least 18 years of age, of sound mind and I am not a person named above to receive any Policy Monies, and I hereby act as the witness to the Insured Person executing this document in person.

Signature of Insured Person \_\_\_\_\_

Name \_\_\_\_\_

UNHCR Individual No. \_\_\_\_\_

Contact No. \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Name \_\_\_\_\_

NRIC \_\_\_\_\_

Contact No. \_\_\_\_\_

## REFUGEE MEDICAL INSURANCE PROGRAM (REMEDI)

Life is unpredictable, and emergencies can happen when least expected. Under the Refugee Medical Insurance Program (REMEDI), our coverage is specially designed to provide medical assistance and personal accident coverage to refugees and asylum-seekers registered with UNHCR in Malaysia aged from eighteen (18) to sixty (60) years old.

### Hospitalisation and Surgical (H&S)

Item	Benefits	Amount (RM)
1	Daily Hospital Room & Board (maximum up to 30 days)	
2	Intensive Care Unit (ICU) (maximum up to 15 days)	As charged in accordance
3	Hospital Supplies and Services	with charges consistent with
4	Operating Theatre	Third (3rd) Class Room and
5	Surgical Fees (excluding organ transplantation)	Board, up to a maximum of
6	Anaesthetist Fees	RM160.00 per day in a Non-
7	In-Hospital Physician Visits (maximum up to 30 days)	Corporatized Malaysian
8	In-Hospital Specialist Consultation Visits (maximum up to 30 days)	Government Hospital in
9	Ambulance Fees/Medical Report Fees	conformance with the
		charges specified under
		Fees Act 1951, Fes (Medical)
		(Service Cost) Order 2014.
	Maximum limit any one admission	10,000.00
	Maximum Overall Annual Limit (items 1-9)	20,000.00

Premium	105.00
MCOFee	15.00

### Personal Accident (PA) (Optional)

Benefits	Amount (RM)
Death/Permanent Disablement (due to accident)	10,000.00
Medical and Surgical Expenses (due to accident)	2,000.00
Premium	50.00

Notes:

- For H&S, all benefits payable for any number of disabilities in any one given period of insurance is subject to the Overall Annual Limit of RM20,000 per Insured Person.
- Premium is subject to 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.
- Stamp Duty of RM10.00 payable under the respective Master Policies.