

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.

Exclusions

1. Pre-existing illness.
2. Cardiovascular or cancer related disease occurring during the first 120 days of cover.
3. Plastic/cosmetic surgery, circumcision, eye examination, correction of eyesight, external prosthetic appliances such as artificial limbs, hearing aids and implanted pacemakers.
4. Dental conditions except as necessitated by Accidental injuries to sound natural teeth.
5. Private nursing, rest cure or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS, ARC, HIV and any communicable disease.
6. Congenital abnormalities or deformities including hereditary conditions.
7. Pregnancy, childbirth, miscarriage, abortion, prenatal and postnatal care, contraceptive or treatment related to infertility, erectile dysfunction or test related to impotence.
8. Suicide, attempted suicide or self-inflicted injury.
9. War or act of war, declared or undeclared, criminal or terrorist activities, active duty in armed forces or direct participation in strikes, riots and civil commotion or insurrection.
10. Psychotic, mental or nervous disorders



COMBO DEAL
AT ONLY
RM183.60¹

Refugee Medical Insurance Program (REMEDI) in partnership with UNHCR

Comprehensive coverage for the needs of refugees² in Malaysia.



Hospitalisation & Surgical expenses



Personal Accident coverage

¹ Premium is inclusive of service tax.

² 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 (735426-V)
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).

Enrolment Form

Please ensure that you read our explanation on your pre-contractual duty of disclosure and our Privacy Notice which you can access [here](#) or by scanning the QR code below. Not fulfilling your duty of disclosure may result in avoidance of your contract, claims denied or reduced, terms changed or varied, or contract terminated.

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	
Mobile No	
E-mail	
UNHCR File No. (Family)	
UNHCR Individual No.	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Origin	

Part 2 – Plan

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

Part 3 – Instruction to Pay for Personal Accident Coverage (Death Benefit)

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.

- As the Insured Person covered under the Personal Accident Master Policy issued to the United Nations High Commissioner for Refugees ("Master Policy"), I HEREBY instruct Allianz General Insurance Company (Malaysia) Berhad ("Allianz") to make payment of all and any monies payable upon my death under the Master Policy ("the Policy Monies") to the person(s) named below in the proportion as listed in the table below:

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

- I HEREBY declare that the person(s) named above is/are my next-of-kin and that this is my latest instruction and revoke any previous instruction that I may have given. I agree that this instruction shall be valid and shall take effect if it is submitted to and acknowledged by Allianz, during my lifetime.
- UNLESS I inform Allianz 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 in the enrollment form 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 Allianz against any claims that may be made against Allianz for the payment of the Policy Monies as instructed in this document and this indemnity shall remain binding upon my legal and personal representatives and my estate.

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.
- I also confirm that I have read the Privacy Notice applicable 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.



Scan here to read more about your pre-contractual duty of disclosure and our Privacy Notice

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. _____
Date _____

Signature of Witness

Name _____
NRIC No. _____
Contact No. _____
Date _____

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)	As charged in accordance with charges consistent with Third (3rd) Class Room and Board, up to a maximum of RM160.00 per day in a Non-Corporatized Malaysian Government Hospital in conformance with the charges specified under Fees Act 1951, Fees (Medical) (Service Cost) Order 2014.
2	Intensive Care Unit (ICU) (maximum up to 15 days)	
3	Hospital Supplies and Services	
4	Operating Theatre	
5	Surgical Fees (excluding organ transplantation)	
6	Anaesthetist Fees	
7	In-Hospital Physician Visits (maximum up to 30 days)	
8	In-Hospital Specialist Consultation Visits (maximum up to 30 days)	
9	Ambulance Fees/Medical Report Fees	
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.