

Height	<input type="text"/>	cm	Weight	<input type="text"/>	kg
Nationality	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others (please specify)			
Occupation	<input type="text"/>				
*Nature of Business	<input type="text"/>				

Note: *If Proposer is Corporate Body, Nature of Business is required.

Part 2 – Needs Based Assessment

No.	Questions
1.	<p>What are your needs/priorities for purchasing health insurance? (You can choose multiple priorities)</p> <p><input type="checkbox"/> I am investing in an insurance now to cover for healthcare during my old age</p> <p><input type="checkbox"/> I don't have enough savings to pay for any emergency medical bills</p> <p><input type="checkbox"/> Others (please specify)</p> <p>Remarks:</p>
2.	<p>Are you currently employed and/or self-employed (e.g. business owner)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3a.	<p>If employed/self-employed, what is your average monthly income? (Estimated gross monthly income before taxes and EPF contributions)</p> <p>Average Monthly Income (RM) : <input type="text"/> <input type="checkbox"/> Prefer not to disclose</p>
3b.	<p>If unemployed, how will you pay for this medical insurance?</p> <p><input type="checkbox"/> Current Savings</p> <p><input type="checkbox"/> Passive Income (Rental, Investments, Stocks, Real Estate, etc.)</p> <p><input type="checkbox"/> Other Sources (please specify)</p> <p>Remarks:</p>
4.	<p>Do you have any existing medical and/or hospitalization and surgical insurance (including employee benefits provided by your employer)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the total combined annual limit of your existing medical and/or hospitalization and surgical insurance policy(ies)?</p> <p>Total Combined Annual Limit (RM) : <input type="text"/> <input type="checkbox"/> Prefer not to disclose</p>
5.	<p>What is your estimated monthly disposable income? (Income minus expenditure and any ongoing financial obligations)</p> <p>Monthly Disposable Income (RM): <input type="text"/> <input type="checkbox"/> Prefer not to disclose</p>
6.	<p>Would you consider paying for your medical bills upfront first and then obtain reimbursement from Allianz General Insurance Company (Malaysia) Berhad later to enjoy cheaper premiums on your medical policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Note: If Insured Person is a minor (i.e. under 18 years old), the parent/legal guardian is to answer this Needs Based Assessment.

Important Notice

- Your intermediary must have sufficient information before making a suitable recommendation. The information that you provide will be the basis on which advice will be given.
- If you choose not to provide all relevant information requested, your intermediary may not be able to provide you suitable advice and as a result, you may risk making a financial commitment to a medical insurance policy inappropriate to your needs.
- Your intermediary is required to preserve the confidentiality of information disclosed by you and restrict the use of such information only for the purpose of recommending medical insurance.
- You must ensure that important information regarding the policy/plan is disclosed to you and that you understand the information disclosed. Where there is ambiguity, you should seek an explanation from the intermediary or Allianz General Insurance Company (Malaysia) Berhad.
- Prior to making a decision to purchase/participate in any medical policy, you must satisfy yourself that the policy/plan best meets your insurance needs based on your financial resources.

Part 3 - Health Declaration

No.	Questions	Yes	No
1.	Have your applications for any medical coverage been declined, restricted, or otherwise accepted with modified terms?	<input type="checkbox"/>	<input type="checkbox"/>
2.	<p>Have you suffered from, diagnosed, received treatment or been under medication, hospitalized (or advised to seek treatment, but did not proceed or refuse treatment) for any medical condition, illness or disease within the last 5 years? If yes, please provide details below for each item:</p> <p>(a) Name of the medical condition, illness or disease.</p> <p>(b) Date of diagnosis, details of recurring episodes (if any), and the current status of the medical condition, illness or disease.</p> <p>(c) Describe any treatments or medications you have received within the last 5 years.</p> <p>(d) If you have been hospitalized or advised to seek treatment but did not proceed or refuse treatment, please explain the reasons behind your decision and the consequences that resulted from it, if any.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Do you suffer from any physical impairment or limitations in performing daily activities* (unable to perform 2 or 3 activities without assistance), physical weakness or ailments, any abnormality, or congenital conditions? If yes, please provide details below for each item:</p> <p>(a) Type of disability or medical condition.</p> <p>(b) Date of diagnosis of the disability / medical condition.</p> <p>(c) Treatments or medications you have received for the disability / medical condition.</p> <p>Note: * Daily activities mean mobility, dressing, personal hygiene, toileting, eating and/or transfer.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If Proposer is a Corporate Body, the questions is only applicable if number of insured person between 1 to 20 persons.

If any of the answers is 'Yes' to the above questions, please give details below and number your answers to correspond with the number of the questions.

No.	Details

Part 4 - Details Of Regular Doctor

Name of Doctor	Address	Contact No.	Date of Last Consultation	Reason(s) for Consultation

Please attach separate sheet if space is insufficient.

Part 5 - Plan Required And Premium Details, Please Tick Plan Selected

Plan Required	Non Cashless	Cashless*	Premium (RM)	Deductible (Optional)	Total Premium (RM)
<input type="checkbox"/> Plan 1 OAL RM50,000				<input type="checkbox"/> Option 1 RM10,000	
<input type="checkbox"/> Plan 2 OAL RM80,000				<input type="checkbox"/> Option 2 RM20,000	
<input type="checkbox"/> Plan 3 OAL RM120,000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Option 3 RM30,000	
<input type="checkbox"/> Plan 4 OAL RM150,000				<input type="checkbox"/> Option 4 RM40,000	
<input type="checkbox"/> Plan 5 OAL RM250,000				<input type="checkbox"/> Option 5 RM50,000	
MCO Fee (RM)					
Service Tax (RM)					
Stamp Duty (RM)					
Total Amount (RM)					

Notes: 1. *MCO Fee will be charged separately for Cashless Plan.
 2. For Corporate Body, premium is subject to 8% of Service Tax.
 3. Premium is further subject to RM10 Stamp Duty.

Part 6 - 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"/>	Total Premium (RM):
	<input type="text"/>	Total Payable (RM):
Cardholder's Account No.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date: <input type="text"/> / <input type="text"/>
Issuing Bank	<input type="text"/>	
Relationship to Proposer	<input type="checkbox"/> Own <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> 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 7 - Terms And Conditions For Payment Section Only

- 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.
- 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.
- 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.
- 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.
- 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 Company (Malaysia) Berhad on the Personal Data Protection Act 2010) which can be found on the Company's website at allianz.com.my.
- Proposer and Cardholder declare that at the time of application, Proposer and Cardholder have not been convicted and are not in any way committing or involved 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.
- 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.
- 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

Name

ID Type NRIC Passport Police/Army
 Business Registration No. New Business Registration No.

ID No.

Date - -

Signature of Cardholder

Name

ID Type NRIC Passport Police/Army
 Business Registration No. New Business Registration No.

ID No.

Date - -

- Notes: 1. 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.
2. If the Cardholder is the same as the Proposer, please sign on the Cardholder portion only.

Part 8 - For Submission By Intermediaries

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

Intermediaries	<input type="text"/>	Mobile No.	<input type="text"/> - <input type="text"/>
Name	<input type="text"/>	Phone No.	<input type="text"/> - <input type="text"/>
Intermediaries Code	<input type="text"/>	Date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

Part 9 - Bank Details (Optional)

Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others (please specify) <input type="text"/>
Account Holder Name	<input type="text"/>		
Account No.	<input type="text"/>		
Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Postcode	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Country	<input type="text"/>		
ID Captured when open bank account for verification	<input type="text"/>		
ID Type	<input type="checkbox"/> NRIC	<input type="checkbox"/> Passport	<input type="checkbox"/> Police/Army <input type="checkbox"/> Business Registration No. <input type="checkbox"/> New Business Registration No.
ID No.	<input type="text"/>		

Note: 1. For refund of premium/claims payment (if applicable).

Part 10 - Data Privacy And Disclosure Of Personal Information

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

Disclosure and 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 11 - Declaration

I hereby declare that I have fully and accurately answered the questions in this proposal form. I hereby authorize any hospital, surgeon, medical practitioner or clinic or other person who attends to me for any reason to disclose to the Company any and all information with respect to any illnesses or injury and to provide copies of all hospital or medical records/certifications, including any earlier medical history. A photocopy of this authorization shall be considered as effective and valid as the original. I acknowledge that the liability to the Company does not commence until the proposal is accepted by and the premium paid to the Company.

For Individual Client

Signature of Proposer

Name

ID Type NRIC Passport Police/Army

ID No.

Date

D	D	-	M	M	-	Y	Y	Y	Y
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Signature of Witness

Name

ID Type NRIC Passport Police/Army

ID No.

Date

D	D	-	M	M	-	Y	Y	Y	Y
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Note: 1. Where the Insured Person 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.

For Company Client

	Witness By:	For and on Behalf of the Employer	Stamp of the Employer										
Signature	_____	_____	_____										
Name	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>											
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Date	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y		
D	D	-	M	M	-	Y	Y	Y	Y				