

Allianz General Insurance Company (Malaysia) Berhad (200601015674)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Allianz Shield Plus Proposal Form

Allianz General Insurance Company (Malaysia) Berhad ("Company"/"We"/"Us") 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 and disclose any other matter that you know to be relevant to the Company 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 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.

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 the Company 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 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.

You are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Us 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.

The standard time frame required to issue an insurance policy is as stipulated in the Company's Customer Service Charter, which is available to view on the Company's website at allianz.com.my.

Please retain the official receipt as proof of payment.

Period of Insurance:

Any policy issuance, entitlement or claims submitted arising from the insurance contract issued shall be subjected to the requirements of Economic Sanctions, Terrorism Financing, Proliferation Financing and other UN-sanction Regimes.

From DD-MM	- Y Y	Y Y To D)-M	M - Y Y Y	-
Please complete in CAPITA	L LETTERS/Tic	k 🗹 in the appro	priate box	es.	
Part 1 - Particulars O	f Proposer				
Salutation	Mr.	Madam	Miss	Others (please specify)	
Name					
Address					
Non-residential					
Residential					
Postcode		City			
State					
Country					
Mobile No.		-		Phone No.	-

Allianz Customer Service Centre

e-mail **ID** Type

ID No.

Date of Birth

Nationality

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 @allianz.com.my

Malaysian

Others (please

specify)



Agent Code:

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Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.

Occupation																		
ature of Business																		
ccupation Category	C	ategory A		Catego	ory B	S	peciality	Occupa	tion									
ccupation Category [Definition																	
ategory A (A)	Occupati	ons where	duties	are conf	ined to o	ffice w	ork or lim	nited trav	elling an	d less th	an 50%	% eng	ageme	nt in n	nanual	labo	our.	
ategory B (B)	Skilled, se manual la	emi-skilled abour.	, use of	equipm	ent or mo	achine	ry and ex	posed to	some ho	ızardous	condi	tions (and mo	re tho	ın 50%	eng	agem	ent in
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redit/Debit Card	Payment								Mas	terCar	d					Visc		
irect Debit Authori ardholder hereby req dicated below for inst	juests and au				o debit	the pre	emium a	nd such	amount	payable	To		e Tax to	Cred	lit/Dek	oit C	ard a	ccoun
Cardholder																		
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ssuing Bank Relationship to Proposer otes: 1. Premium pa	yment throughse, parent or	gh Credit/ children.	Debit C	Card is c	ıllowed i	f the C	ardholde	er is pay	ing for hi		Ex	piry D	oate:		f famil			
	yment throughse, parent or ny reserves th	gh Credit/ children.	Debit C	Card is c	ıllowed i	f the C	ardholde	er is pay	ing for hi		Ex	piry D	oate:		f famil			

Proposer agrees that automatic renewal (applicable to individual policies only) will be activated for this policy and that the total premium payable as invoiced by the Company shall be paid by each renewal date. Proposer understands that if the premium remains unpaid prior to the renewal date, Proposer may not receive the benefits of this policy in the event of any claim.

Proposer and Cardholder agree that when the policy is automatically renewed each year, the total premium payable as invoiced by the Company shall be charged to the Credit/Debit Card above.

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Part 3 - Terms And Conditions For Payment Section Only

- 1. Cardholder hereby authorizes 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. Where automatic renewal of this policy applies and premium payment via Credit/Debit Card for the subsequent renewals is selected, Proposer and Cardholder understand and agree that the Credit/Debit Card will continue to be charged for all subsequent renewals by the Company unless Proposer informs the Company otherwise. Where the Proposer has opted for a different mode of payment, the Proposer understands and agrees that the premium for renewal is to be paid before the renewal date so that the Company is able to automatically renew the policy accordingly.
- 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 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.
- 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 aagree that these Terms and Conditions for Credit/Debit Card payment shall apply accordingly and a copy of the Terms and Conditions shall be made available upon request.

			Sig	nat	ure	of P	ropo	oser	-								Sig	natu	ire of	Card	lholo	der		
Name													Name											
ID Type*													ID Type*											
ID No.													ID No.											
Date		_		и	_								Date		_	М	М	_						

Notes: 1. ID Type*: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army

- 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 4 - 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	Mobile No.
Name	Phone No.
Intermediaries Code	Date DDD-MM-YYYY

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Part 5 - Bank Details (Optional)

Type of Account	Saving	Current	Others (please specify)
Account Holder Name			
Account No.			
Bank Name			
Bank Address			
Postcode		City	
State			
Country			
ID Captured when open bank account for verification			
ID Type	Code: [03	1] NRIC [02] Old	IC/Others [03] Passport [04] Police/Army
ID No.			

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

Part 6 - Nomination Form For Personal Accident

I hereby nominate the following as nominee(s) for the above insurance policy and revoke all existing nominees (if any) named earlier (If no trustee has been nominated).

Name of Proposer	Name of Nominee	ID Type*	ID No.	Nationality	Relationship	Share (%)

Please attach separate sheet if space is insufficient.

Pursuant to Schedule 10 of Financial Services Act 2013 ('FSA 2013'):

A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his personal accident policy upon his death. It is advisable to appoint at least one (1) nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the Insured Person. Failure to make a nomination may delay the payment of the policy moneys become payable. If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living at the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favor of the nominee. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee. For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy. Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non-Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor. If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.

		:	Sign	ature	of V	Vitne	ess							9	Signo	ature	of P	ropos	ser		
Name										Name											
D Type*										ID Type*											
D No.										ID No.											
Contact No.			_							Contact No.			_								
Date		_	М	М	_					Date		_	М	М	-	Υ					

Notes: 1. *ID Type: Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army

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^{2.} A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

Part 7 - 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 8 - Declaration

For Individual Client

I/We hereby declare that I/We have fully and accurately answered the questions in this proposal form and have not withheld any information likely to affect the acceptance of this proposal. I/We acknowledge that the liability of the Company does not commence until this proposal is accepted by the Company and the premium is paid to the Company (where the policy is to be issued to individuals).

	Signature of Proposer		Signature of Witness
me		Name	
ype	Code: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army	ID Type Coo	de: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
No.		ID No.	
te D	D - M M - Y Y Y Y	Date D D -	MM - YYYY
Compan	Type and ID No. of the Parent/Guardian.		
	Witness By:	For and on Behalf of the Employer	Stamp of the Employer
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lo. Name	ID Type*	e* ID No.	Date of Birth	Nationality	Occupation	Occupation R	Relationship to Proposer	Plan	Optional Benefits	Name of Sponsor	ID Type*	ID No.	Date of Birth	Total Premium (RM)
						< □ ∨			With Weekly Without Weekly DI MVA IMA Lifestyle and Living Benefits Study Interruption					
						4 M V			With Weekly Without Weekly DI MVA IMA Lifestyle and Living Benefits Study Interruption					
						A B N			With Weekly Without Weekly DI MVA IMA Lifestyle and Living Benefits Study Interruption					
												Total Prer	Total Premium (RM)	
												Service	Service Tax (RM)	
												Stamp	Stamp Duty (RM)	10.00
												Total Pay	Total Payable (RM)	

Notes: 1. *ID Type: [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army 2. **Please refer Occupation Category Definition at page one (1).
3. Double Indemnity due to Motor Vehicle Accident (DI MVA) is available for:

5.

Category A: Plan 1 to Plan 10 Category B: Plan 1 to Plan 5 Speciality Occupation: Plan 1 and Plan 2

4. IMA - International and Domestic Medical Assistance and Evacuation Programme at RM1.20 per person.

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Please attach separate sheet if space is insufficient. Only individuals aged sixteen (16) years old to sixty-five (65) years old are eligible to opt for Optional Benefit – Lifestyle & Living Benefits and Study Interruption.

Study Interruption is only applicable for proposer who is a registered full time student at an educational institution.

The details of one (1) named sponsor between the age of eighteen (18) and the age of seventy (70) details is compulsory if Proposer opt for Optional Benefit - Study Interruption.

In order for an individual to purchase Principal Sum Insured of RM3 million, completed Risk Assessment Questionnaire must be submitted.

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