

Homeguard Proposal 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 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 purposes 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. 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.

This Proposal Form shall form part of the Policy Contract. 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

From

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Agent Code:

Please complete in CAPITAL LETTERS/Tick 🖌 in the appropriate boxes.

PART 1 - PARTICULARS OF PROPOSER

Salutation	Mr. Madam Miss Others (please specify)									
Name										
Address Non- residential Residential										
Postcode	City									
State										
Country										
Mobile No.	- Phone No. -									
e-mail										
ID Type	Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army Gender Male Fen	male								
ID No.										
Date of Birth	A A A A A A A A A A A A A A A A A A A	ł								
Nationality	Malaysian Others (please specify)									
Occupation										
Occupation Class	Class 1 Class 2 Class 3									
Occupation Class D	Definition									
Class 1	Occupation involving non-manual, administrative or clerical work – solely in offices or similar non-hazardous places or full time student.									
Class 2	Occupation involving work of supervisory nature or travelling outside office for business purposes but not engaging in	n manual labour.								
Class 3	Occupation involving occasional or regular manual work not particularly hazardous in nature but involving the use of tools or machinery (not using woodworking machinery).									

Allianz Customer Service Center

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur. Allianz Contact Center: 1 300 22 5542 Email: customer.service@allianz.com.my



PART 2 - QUESTIONNAIRE

No.	Questions	Yes	No	Details
1.	Have you ever suffered any losses in regards to the contents of your house in the past three (3) years? If Yes, please give details.			
2.	Have you ever been declared bankrupt or currently under legal proceeding from Insolvency Department or have been convicted in a court of law or currently under legal proceeding in any country? If Yes, please give details.			

PART 3 - SITUATION OF RISK

Address									
Postcode	City								
State									
Country									

PART 4 - INTEREST INSURED

The Total Value of platinum, gold and silver articles, jewellery and furs shall be deemed not to exceed one third (1/3) of the Total Sum Insured. No one article (furniture, pianos, organs, household appliances, radios, televisions, video recorders, hi fi equipment and the like excepted) shall be deemed of greater value than five percent (5%) of the Total Sum Insured unless such articled is specially declared as a separate item. All declared items have to be attached with proof of purchase i.e. receipts, photos etc upon claim submission.

PART 5 – PLAN REQUIRED AND PREMIUM DETAILS, PLEASE TICK 🖌 PLAN SELECTED

Sum Insured - Tick 🖌 Where Applicable										
Floor Area (in sq ft)		Low Value (RM)	Medium Value (RM)	High Value (RM)						
	Sum Insured	30,000.00	40,000.00	60,000.00						
Up to 1,000	Annual Premium	212.00	283.00	425.00						
1.001 to 2.500	Sum Insured	50,000.00	70,000.00	90,000.00						
1,001 to 2,500	Annual Premium	354.00	496.00	561.00						
2.501 and above	Sum Insured	75,000.00	100,000.00	120,000.00						
2,501 and above	Annual Premium	531.00	624.00	748.00						

Note: 1. Premium subject to Service Tax. 2. Please add RM 10 for Stamp Duty.

For every RM1,000.00 or part thereof in excess of RM120,000.00 thereafter will be at an additional premium of RM6.10

Optional – Domestic Medical Assistance Programme

RM1.20

Declaration of items above 5% of Total Sum Insured										
Please list down items which exceed 5% of your Total Sum Insured.										
Items	Total (RM)									

Notes: If an item which exceeds 5% of Total Sum Insured is not declared above, then the maximum payable (in the event of a claim) is only 5% of Total Sum Insured.

- 1. All buildings relating to the above insurance must be constructed of brick/concrete wall and roofed with tiles/asbestos. It must be solely for the purpose of dwelling.
- 2. This policy does not cover loss or damage to deeds, bonds, bills of exchange, promissory notes, cheques, securities for money, stamps, documents, manuscripts, medals and antiques, motor vehicles including bicycles and accessories or livestock.

PART 6 – MODE OF PAYMENT

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

CREDIT CARD PAYMENT

DIRECT DEBIT AUTHORIZATION

I hereby request and authorize Allianz General Insurance Company (Malaysia) Berhad ('Company') to debit the premium and such amount payable as Services Tax to my credit card account as indicated below for the Total Payable under my insurance policy mentioned above.

MasterCard MasterCard

Name of		Premium Amount (RM):
Cardholder		Total Payable (RM):
Cardholder's Account No.		Expiry Date : M M / Y Y
Issuing Bank		
Relationship to Policyholder	Code : [01] Own [02] Spouse [03] Parents [04] Children	

Notes: 1. Premium payment through credit card is allowed if the cardholder is paying for his/her own policy or the policy of his/her immediate family member namely his/her spouse, parents or children.

2. Total Payable amount will be based on plan selected under PART 5.

DECLARATION

I 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, I shall keep the Company informed in writing or by giving fresh standing instruction. Further, I agree that the Terms and Conditions as for credit card payment shall apply a copy of which, shall be made available upon my request.

Signature of Cardholder (as on card)

PART 7 – BANK DE	TAILS									
Type of Account	Saving	Current	Others (please specify)							
Account Holder Name										
Account No.										
Bank Name										
Bank Address										



VISA Visa

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PART 7 – BANK DE	TAILS
Postcode	City City
State	Others (please specify)
Country	
ID Captured when open bank account for verification	
ID Type	Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.
ID No.	

PART 8 - NOMINATION FOR PERSONAL ACCIDENT

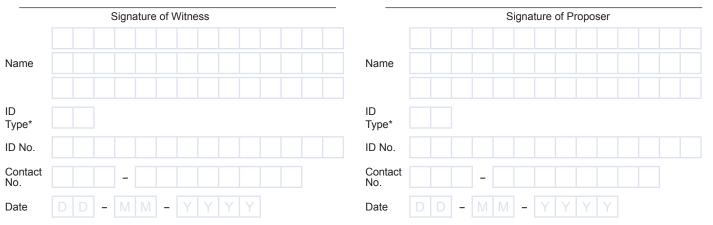
I hereby nominate the following as nominee(s) for the above insurance policy and revoke all existing nominees (if any) named earlier (If no trustee has been nominated).

Name of Nominee	ID Type*	ID No.	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.



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

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

PART 9 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

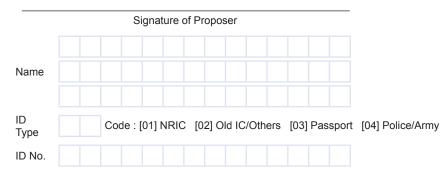
Protection of your privacy is very important to us. Please visit our website at allianz.com.my to view our Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010).

Disclosure and Consent

The personal data you supply as an individual to purchase the above insurance will be used by the Allianz Group and it agents to facilitate the performance of our function as an insurance company according to our Privacy Statement. By signing on this proposal form you consent to the use of your personal data for the purposes as stated in our Privacy Statement.

PART 10 - DECLARATION

I hereby declare and warrant that the answers/information given in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this proposal and I agree that this proposal and declaration shall be the basis of the contract between the Company and myself and I further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.



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.

