

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.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

PART 3 - SITUATION OF RISK

Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
Postcode	<input type="text"/>	City	<input type="text"/>									
State	<input type="text"/>											
Country	<input type="text"/>											

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 article 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 <input checked="" type="checkbox"/> Where Applicable							
Floor Area (in sq ft)		Low Value (RM)		Medium Value (RM)		High Value (RM)	
Up to 1,000	Sum Insured	30,000.00	<input type="checkbox"/>	40,000.00	<input type="checkbox"/>	60,000.00	<input type="checkbox"/>
	Annual Premium	212.00		283.00		425.00	
1,001 to 2,500	Sum Insured	50,000.00	<input type="checkbox"/>	70,000.00	<input type="checkbox"/>	90,000.00	<input type="checkbox"/>
	Annual Premium	354.00		496.00		561.00	
2,501 and above	Sum Insured	75,000.00	<input type="checkbox"/>	100,000.00	<input type="checkbox"/>	120,000.00	<input type="checkbox"/>
	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	<input type="checkbox"/>
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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.

- 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.
- 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.

Name of Cardholder	<input type="text"/>	Premium Amount (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 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)

- -
 Date

PART 7 – BANK DETAILS

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"/>

PART 7 – BANK DETAILS

Postcode	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Others (please specify)	<input type="text"/>
Country	<input type="text"/>		
ID Captured when open bank account for verification	<input type="text"/>		
ID Type	Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army [05] Business Registration No.		
ID No.	<input type="text"/>		

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 (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Signature of Witness

Name

ID Type*

ID No.

Contact No. -

Date - -

Signature of Proposer

Name

ID Type*

ID No.

Contact No. -

Date - -

- 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 its 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.

DD - MM - YYYY
Date

Signature of Proposer

Name

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

ID No.

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.