ENGLISH | BAHASA MALAYSIA | 中文

Allianz

Allianz General Insurance Company (Malaysia) Berhad (200601015674)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Personal Accident (Person With Disability) Proposal Form

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

Click here or scan here to read more about your pre-contractual duty of disclosure, our Sanction Notice and Privacy Notice.

Period of Insurance: Agent Code: – –

From D D – M M – Y Y Y Y To D D – M M – Y Y Y Y

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	
Contact No.	Mobile – House – Office – Fax –		
Email			
ID Type	☐ NRIC ☐ Passport ☐ Police/Army	Gender	☐ Male ☐ Female
ID No.			
Date of Birth	D D – M M – Y Y Y Y	Marital Status	☐ Single ☐ Married ☐ Divorce/Widowed
Nationality	☐ Malaysian ☐ Others (please specify)		
Occupation			
Occupation Class	☐ Class 1 ☐ Class 2 ☐ Class 3		

Occupation Class 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 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).

Part 2 – Questionnaire

No.	Questions	Yes	No	Details
1.	Are you in good health and free from any physical deformities? If No, please give details and complete the section on Activities of Daily Living (ADL) below.			
2.	Do you have Personal Accident ("PA"), Life or Medical & Health Insurance with this or any other insurance company(ies)? If Yes, please state company(ies), types and amount of coverage.			
3.	Have you ever made a PA or Life Insurance claim against any other insurance company(ies)? If Yes, please give details.			
4.	Have you been declared bankrupt or are your currently subject to any legal proceeding initiated by the Insolvency Department or have you been convicted in a court of law or are currently subject to any legal proceedings in any country? If Yes, please give details.			

Activities Of Daily Living (ADL)/Please Tick ☑ In Selected Box

No.	Questions	Yes	No
1.	Are you able to perform the following Activities of Daily Living*?		
	(a) Get in and out of a chair without requiring any third party physical assistance.		
	(b) Move from room to room without requiring any third party physical assistance.		
	(c) Voluntarily control bowel and bladder functions i.e. to main personal hygiene.		
	(d) Put on and take off all necessary items of clothing without requiring any third party physical assistance.		
	(e) Take a bath or shower (including getting in our out of the bath or shower) or wash by any other means.		
	(f) Physically eat food and put food into your mouth.		

Note: *Activities of Daily Living means the ability to carry out any of the above activities.

Part 3 – Plan Required And Premium Details, Please Tick ☑ For Plan Selected

Section	Benefit	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)
A	Accidental Death	10,000.00	20,000.00	30,000.00	40,000.00	50,000.00
B	Permanent Disablement	10,000.00	20,000.00	30,000.00	40,000.00	50,000.00
C	Medical Expenses	200.00	400.00	600.00	800.00	1,000.00
Premium (RM)		10.00	20.00	30.00	40.00	50.00

Plan Required					Premium (RM)
☐ Plan 1 RM10.00	☐ Plan 2 RM20.00	☐ Plan 3 RM30.00	☐ Plan 4 RM40.00	☐ Plan 5 RM50.00	
				Service Tax (RM)	
				Stamp Duty (RM)	10.00
				Total Payable (RM)	

Note: Premium is subject to 8% 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.

Part 4 – 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 Nominee(s)	ID Type	ID No.	Nationality	Relationship	Share (%)
	☐ NRIC ☐ Passport ☐ Police/Army				
	☐ NRIC ☐ Passport ☐ Police/Army				
	☐ NRIC ☐ Passport ☐ Police/Army				
	☐ NRIC ☐ Passport ☐ Police/Army				
	☐ NRIC ☐ Passport ☐ Police/Army				

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 policy owner. 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 ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Contact No.

Date D D – M M – Y Y Y Y

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

Signature of Proposer

Name

ID Type ☐ NRIC ☐ Passport ☐ Police/Army

ID No.

Contact No.

Date D D – M M – Y Y Y Y

Part 5 – Declaration

I understand that it is my duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I hereby declare that I have fully and accurately answered the questions above.

I also confirm that I have read Allianz General Insurance Company (Malaysia) Berhad's Privacy Notice ("Privacy Notice") 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.

I further agree that the liability of the Company does not commence until this proposal has been intimated and accepted by the Company.

Signature of Proposer

Name

ID Type NRIC Passport Police/Army

ID No.

Date D D – M M – Y Y Y Y

Note: Where the Proposer 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.