

Supershield 2 Proposal Form

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT 1996: You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued hereunder may be invalidated.

Agency code: _____

Your personal particulars: Please use BLOCKLETTERS/tick () appropriate box

Name of proposer: _____ Salutation: Mr Mrs Miss Mdm

Address: _____
City _____ State _____ Postcode _____

Tel no.: House _____ Office _____
Mobile _____ Email _____

NRIC no.: _____ Date of birth: Day _____ Month _____ Year _____ Sex: M F

Nationality: Malaysian Others _____ Occupation: _____

Duties involve: Administrative Supervisory Manual

Give particulars of your spouse/children who are to be included in this policy:

	Full name	Sex	Occupation	Birth cert./NRIC no.	Date of birth	Relationship
1.						
2.						
3.						
4.						

Your insurance requirement - Please indicate plan selected (E.g. B 5) If your occupation involves occasional or regular manual work, then you are only entitled to choose either plan C or D)

	Plan selected	Premium (RM)	Add RM15.00 if you want to be covered under the International and Domestic Medical Assistance and Evacuation Programme	Total (RM)
Proposer	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			
Spouse	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			
Children				
1.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			
2.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			
3.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			
4.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>			
Stamp duty (per policy)				RM10.00
Total payable RM				_____

1. Are you and/or any/all of your family members in good health and free from any physical deformities? If "No", please give details:

2. Do you or any of your family members have PA, Life or Sickness insurance with this or any other company(s)? If "Yes" please state company(s), types and amount of coverage:

3. Do you and/or any/all of your family members have PA, Life or Sickness insurance which has been declined, postponed, withdrawn or pending? If "Yes" please give details:

4. Have you or any of your family members ever made a PA, Life or Sickness insurance claim against any other insurance company(s)? If "Yes" please give details:

Declaration

I declare and warrant that the answers/information given are true and correct in every respect 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: Where the Insured Life is a child aged below 18 years, this proposal must be signed by his/her parent/guardian.)

Signature of proposer _____

Date _____

Payment Instruction

I enclose cash/cheque no. _____ for RM _____ made payable to Allianz General Insurance Malaysia Berhad.

Credit Card Payment

MASTERCARD



VISA



Direct Debit Authorization

I hereby request and authorise Allianz General Insurance Malaysia Berhad to debit my credit card account indicated below the amount (in RM) of the annual premium due as stated below or such other amount (in RM) as advised by Allianz from time to time under my insurance policy set out below.

Name of cardmember	Name of Insured	Premium amount (RM)
_____	1. _____	_____
Cardmember's account no. _____	2. _____	_____
_____	3. _____	_____
Expiry date _____		Total amount _____

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 Allianz informed in writing or by giving fresh standing instruction.

Signature of cardmember (Signature must correspond with specimen signature of the credit cardmember at the bank) _____

Date _____

Nomination Form

Proposal/policy no.: _____

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

Name	Birth cert./NRIC no.	Date of birth	Address	Relationship	Share (%)

If your intention is for the nominee(s)* named herein to receive the policy benefits beneficially and not as an executor, then you must assign the benefits of the policy to such person(s) using the Conditional Assignment Form. (Note: 1. The witness must be at least 18 years of age and cannot be a named nominee. 2. A nominee of a Muslim policy owner upon receipt of policy money shall distribute the policy money in accordance with Islamic Law. *3. PURSUANT TO SECTION 166(1) OF THE INSURANCE ACT 1996 a trust is automatically created if the nominee is a: i) spouse ii) child or iii) parent who is being nominated when there is no spouse or child living at the time of making the nomination. No assignment is therefore required.)

Signature of witness _____

Name: _____

NRIC no.: _____

Address: _____

Date: _____

Signature of proposer _____

Name: _____

NRIC no.: _____

Address: _____