

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

## Drive Smart Shield 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   -   -     To   -   -

-

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

### Part 1 - Particulars Of Proposer

Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others (please specify) <input type="text"/>		
Name	<input type="text"/>		
Address	<input type="checkbox"/> Non-residential <input type="checkbox"/> Residential		
Postcode	<input type="text"/>	City	<input type="text"/>
State		Country	<input type="text"/>
Contact No.	Mobile	<input type="text"/> - <input type="text"/>	House
	Office	<input type="text"/> - <input type="text"/>	Fax
Email	<input type="text"/>		
ID Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID No.	<input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce/Widowed
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (please specify) <input type="text"/>		
Occupation	<input type="text"/>		

### Please complete if Proposer is a Corporate Body

ID Type	<input type="checkbox"/> Business Registration No. <input type="checkbox"/> New Business Registration No.
ID No.	<input type="text"/>
Tax ID No. (TIN)	<input type="text"/>
SST No.	<input type="text"/>
Nature of Business	<input type="text"/>



## Part 2 – Benefit Details

Benefits	Principal Sum Insured (RM)				
	Plan A	Plan B	Plan C	Plan D	Plan E
Accidental Death	10,000	20,000	30,000	40,000	50,000
Permanent Disablement (up to)	10,000	20,000	30,000	40,000	50,000
Medical Expenses (up to)	500	1,000	1,500	2,000	2,500
Funeral Expenses	500	1,000	1,500	2,000	2,500
Dental Correction and/or Corrective Cosmetic Surgery (up to)	500	1,000	1,500	2,000	2,500
Hospital Income (per day, up to 180 days)	50	50	50	50	50
Repatriation Expenses (up to)	1,000	1,000	1,000	1,000	1,000
Renewal Bonus (applies only to the driver of the Named Vehicle)	10% per annum (up to maximum of 50%)				

## Part 3 – Plan Required And Premium Details. Please Tick For Plan Selected

Seating Capacity (Including Driver)	Annual Premium (RM)				
	Plan A	Plan B	Plan C	Plan D	Plan E
1	<input type="checkbox"/> 37.74	<input type="checkbox"/> 66.04	<input type="checkbox"/> 89.62	<input type="checkbox"/> 117.92	<input type="checkbox"/> 141.51
2 – 5	<input type="checkbox"/> 165.09	<input type="checkbox"/> 273.58	<input type="checkbox"/> 349.06	<input type="checkbox"/> 490.57	<input type="checkbox"/> 599.06
6 – 10	<input type="checkbox"/> 330.19	<input type="checkbox"/> 547.17	<input type="checkbox"/> 702.83	<input type="checkbox"/> 981.13	<input type="checkbox"/> 1,198.11
11 – 18	<input type="checkbox"/> 594.34	<input type="checkbox"/> 985.85	<input type="checkbox"/> 1,268.87	<input type="checkbox"/> 1,764.15	<input type="checkbox"/> 2,155.66
19 – 27	<input type="checkbox"/> 891.51	<input type="checkbox"/> 1,481.13	<input type="checkbox"/> 1,900.94	<input type="checkbox"/> 2,650.94	<input type="checkbox"/> 3,231.13
28 – 36	<input type="checkbox"/> 1,188.68	<input type="checkbox"/> 1,976.42	<input type="checkbox"/> 2,537.74	<input type="checkbox"/> 3,533.02	<input type="checkbox"/> 4,311.32
37 – 45	<input type="checkbox"/> 1,485.85	<input type="checkbox"/> 2,471.70	<input type="checkbox"/> 3,174.53	<input type="checkbox"/> 4,415.09	<input type="checkbox"/> 5,391.51
46 – 55	<input type="checkbox"/> 1,816.04	<input type="checkbox"/> 3,018.87	<input type="checkbox"/> 3,877.36	<input type="checkbox"/> 5,400.94	<input type="checkbox"/> 6,589.62
Total Premium (RM)					

### Notes:

- 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.
- Please provide vehicle details under Part 6.

**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 (%)
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army				
	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> 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 when it 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  DD -  MM -  YYYY

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

Signature of Proposer

Name

ID Type  NRIC  Passport  Police/Army

ID No.

Contact No.

Date  DD -  MM -  YYYY

## Part 5 – Declaration

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

I/We also confirm that I/We have read Allianz General Insurance Company (Malaysia) Berhad's Privacy Notice ("Privacy Notice") and consent to the use of my/our personal data for the purposes stated in the Privacy Notice. Where I/We have provided personal data of another individual, I/We confirm that I/We have obtained such individual's consent to do so.

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

## For Individual Proposer

\_\_\_\_\_  
Signature of Proposer

Name

ID Type  NRIC  Passport  Police/Army

ID No.

Date  -  -

## For Corporate Body Proposer

Witness By:

For and on Behalf of the Proposer

Stamp of the Proposer

Signature \_\_\_\_\_

Name

Designation

Date  -  -

**Part 6 – Particulars Of Vehicle To Be Insured & Details of Amount Payable**

No.	Name	ID Type	ID No.	Date of Birth	Nationality	Vehicle No.	Make & Model of Vehicle	Year Make	Plan	Seating Capacity	Premium (RM)
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
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		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
		<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Police/Army									
										Total Premium (RM)	
										Service Tax (RM)	
										Stamp Duty (RM)	10.00
										<b>Total Payable (RM)</b>	