

Instructions to fill this form:

- COMPLETE this form using CAPITAL letters
- One form only applies to one policy number
- Please do not sign an empty Form
- Please sign every scribbling writing/filling correction in line with the signature specimen
- Make sure all the required information has been met and you have read the entire terms and conditions, as well as the Policyholder's statement and coverage before signing it.
- To speed up your application process, please complete all the requirements listed on this Form
- This form only applies to Individual Policy for Life and Health Insurance Customers

Email request for documents related to the Life and Health Insurance Individual Policy is addressed to CC.Helpdesk@allianz.co.id

I/we, the undersigned, hereby state that:

Policy Number

Policyholder Name

Insured Name

Mobile Phone Number*

E-mail*

*) Must be registered at Allianz.

A. Type of Document Request (Fill and ✓ according to the request submitted)

- Policy Summary Duplicate
- Policy Book Duplicate
- Health Insurance Card Reprint (only applies for Health Insurance Individual Customer)
- Policy change confirmation letter or policy note (endorsement) Reprint, processed on / /
- Notification Letter of Fund Receipt of Traditional Policy Reprint
- Reprint or resending of Transaction Statement | Period
- Request for copy of medical checkup result (MCU)

B. Request Reasons

- Not Accepting
- Lost
- Broken
- Natural Disasters
- Other

C. Delivery Method

- Correspondence Address of Policyholder registered at Allianz
- Policyholder E-mail**
- Agency Office (specifically for Policy Book Duplicates)

** Only applies to digitally provided documents (Transaction Statement, Copy of medical checkup result (MCU), Notification Letter of Fund Receipt of Traditional Policy).

TERMS & CONDITIONS

1. This Application Form for Documents of Policy ("Form") is only intended for documents for request application as chosen by The Policyholder.
2. Document requirements must be delivered to PT Asuransi Allianz Life Indonesia ("Allianz"):
 - a. The original form that has been filled out completely and clearly, and signed by the Policy Holder.
 - b. Copy of a valid ID Card ("KTP") of the Policyholder and other documents in accordance with the terms on point 3.
3. Especially for applications for Policy Summary Duplicate, Policy Book Duplicate, Health Insurance Card reprint, and/or correction of data in Policy Book, it is required to attach supporting documents and the following fees shall be charged:

Application	Supporting Documents and Fees
Policy Summary Duplicate/Policy Book Duplicate	<ul style="list-style-type: none"> • A fee of Rp100,000.00 (one hundred thousand Rupiah) shall be charged for this application. You can find the payment methods in: <ol style="list-style-type: none"> a. Website www.allianz.co.id/carabayarpremi b. Select the payment menu you want, and follow the steps for the payment method you choose. • Supporting Documents: <ol style="list-style-type: none"> a. A report of lost item from the local Police department. b. Proof of payment of fee
Health Insurance Card Reprint	<ul style="list-style-type: none"> • A fee Rp10,000.00 (ten thousand Rupiah). • Please transfer the fee to BCA account no. 7140303130 registered to PT Asuransi Allianz Life Indonesia. • Supporting Documents: Proof of payment of fee

4. Application will only be processed if the original Form is complete and filled correctly, signed, and all the documents
5. Correspondence address of the Policyholder used as delivery address must be an address registered at Allianz.
6. The data contained in this Form and the documents submitted to Allianz will be used to process the Policyholder's application.
7. If required, Allianz reserves the rights to request for documents and/or additional information.
8. If the information listed is incomplete, Allianz has the right not to continue the application process on this Form until the Policyholder completes all of the information.

TERMS & COVERAGE

I/We, The Policyholder (hereinafter referred to as "I", "Me", "My"), hereby represent and warrant that:

1. All of the information provided in this Form is true and no other information and matters are hidden by me, and I have signed this Form by myself.
2. I have read, understood and agreed to all of the Terms and Conditions of the Application Form for Documents of Policy listed on this Form.
3. I shall be liable for all risks arising from the submission in this Form, and I shall release Allianz from any responsibility, demand, losses and/or charges of any forms from any party including Me either now or in the future in relation to the submission in this Form.
4. I comprehend and understand that the submission in this Form will only be processed by Allianz after all the documents
5. I agree that if necessary Allianz can request other supporting documents and/or verify and confirm in connection with the submission on this Form through the media determined by Allianz. In the event that other supporting documents are not submitted by me within the timeframe specified by Allianz or the verification and confirmation is not successfully carried out by Allianz, then the submission process on this Form cannot be processed any further.
6. For application submission of Policy Book duplicate or Policy Summary duplicate, with the Policy Book duplicate or Policy Summary duplicate issued, the original Policy Book or Summary Policy issued by Allianz on behalf of Me with the number mentioned above is canceled and declared invalid.
7. I hereby authorize Allianz, unconditionally and cannot be revoked, to:
 - a. Disclose My personal information to external companies and/or other third parties checked by Allianz through a process of filter in relation to service fulfillment to support Allianz's business and/or operational activities;
 - b. Disclose My personal information to share the data with Allianz's parent company, affiliation, subsidiaries, agencies, and representatives, joint ventures, strategic partners, insurance association, and other relevant parties in relation to Allianz's business and/or operational activities and for the purpose of insurance customers service, insurance claim matters and/or other process regarding insurance, including insurance claim investigation; and

- c. Disclose My personal information in response to court orders, legal proceedings, or requests from any regulator or authority or to protect against any fraud or other illegal activities or for risk management purposes or to enable Allianz to take available legal remedies or limit any possible damage to Allianz, and/or to comply with the law and legal proceedings, including, but not limited to, regulations regarding FATCA and CRS ("Reporting Requirement for Inter-Country Information Exchange"). I shall also provide any necessary information/documents to fulfill related requirements ("Relevant Information") and immediately submit any data update to Allianz in the event of changes to such Relevant Information.
8. I understand that to learn more about how Allianz protects my personal data and rights, I can access the following link:
<https://www.allianz.co.id/kebijakan-privasi.html>
9. I shall also provide any necessary information/documents to fulfill Reporting Requirements for Inter-Country Information Exchange and immediately perform any data update to Allianz in the event of changes to the data listed in this Form.
10. If the payment made contains any suspicious indications as specified in the Prevention and Eradication of Money Laundering & Terrorism Financing, Insurer may perform the necessary measures as specified in the aforementioned law and regulation.
11. In relation to Financial Service Authority Regulations on Implementation of Anti-Money Laundering and Counter-Terrorism Financing Program in Financial Service Sector:
- a. I am aware, comprehend, and understand that I'm obliged to consistently perform any data update to Allianz and submit the copy of applicable supporting documents.
- b. I also agree that Allianz may decline and/or cancel transactions, if I (1) do not perform any data update; (2) am known and/or suspected of using false documents or provides doubtful information; (3) listed in the List of Suspected Terrorists, Terrorism Organizations and Proliferations of Weapons of Mass Destruction; and/or (4) other conditions as regulated in the applicable laws and regulations.
12. By signing this Form, I confirm the decision to continue the transactions listed in this Form.

Created and signed at

Date

 / /

Policyholder Signature

Name:

The data in this Form is the property of PT Asuransi Allianz Life Indonesia, all Employees and Sales Forces are obliged to keep its security and not allowed to publish or spread the data without the acknowledgment and permission of PT Asuransi Allianz Life Indonesia. If this Form is found scattered or not kept in a secure condition, please notify AllianzCare 1500136 or by email at contactus@allianz.co.id