

E-Payment Form

Date: - -

Please be informed that payment will be credited directly into your bank account. Thus, the following information provided must be accurate.

PART 1 - BENEFICIARY DETAILS

Name of Applicant / Company			
Mailing Address			
NRIC No / Co. Registration No.			
Policy No. / Vehicle No.		Mobile No.	<input type="text"/> - <input type="text"/>
Claim No (Applicable for Claims Settlement)		Business Telephone No	<input type="text"/> - <input type="text"/>
E-mail			

PART 2 - BENEFICIARY BANKING DETAILS

Name of Bank			
Bank Address			
Bank Account No.			
Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others, Please Specify _____
ID captured when open bank account for verification	<input type="checkbox"/> NRIC No	<input type="checkbox"/> Co. Registration No	<input type="checkbox"/> Others, Please Specify _____

PART 3 - DECLARATION

I/We hereby declare that all information provided herein is true and complete. I/We understand that Allianz General Insurance Company (Malaysia) Berhad (the "Company") shall rely on the said information and accordingly, I/We shall indemnify the Company for any losses, damages or claims that it may suffer or incur as a consequence of relying thereon. I/We also consent to my/our personal data being used, stored, processed or disclosed by the Company and its agents to facilitate the performance of such functions by the Company as an insurer.

Signature of Applicant		Company Stamp	
Name: _____	Date	<input type="text"/>	- <input type="text"/> - <input type="text"/>

PART 4 - FOR OFFICE USE ONLY

Department / Branch			
Profile Code			
Verified By & Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	Approved By & Date	<input type="text"/> - <input type="text"/> - <input type="text"/>

Notes:

1. Please attach copy of NRIC or Passport or Business Registration Form whichever is applicable.
2. Please provide First page of either (a) Beneficiary's bank statement; or (b) Bank savings book showing the account name and account number; or (C) Details of the Beneficiary's bank account obtained from the bank's website or (d) written confirmation from the bank verifying the bank account details.
- If the copy of document mentioned in (2) not provided, the Company is deemed to have confirmed the account details provided in this form as valid and accurate. In the event of any invalid /inaccurate account details provided results in payment being credited into a third party bank account or if there is any loss incurred, the payment made thereto is still deemed as full payment and Allianz General Insurance Company (Malaysia) Berhad shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such payment.