

Motor Insurance Amendment & E-Payment Form

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/Passport/Bus. Reg. No		Mobile No/Business Tel No	
E-mail Address			
Policy No/Vehicle No		Period of Cover	

Part 2 : Request/Amendment			
<input type="checkbox"/>	Withdraw NCD entitlement from the above mentioned policy/e-cover note with effect from		
<input type="checkbox"/>	*Transfer my/our NCD of	% with effect from	To my/our Vehicle No from
<input type="checkbox"/>	*Cancel the above mentioned policy/e-cover note with effect from		
Reason			
<input type="checkbox"/>	Amendment		
a. Insured's Name			
b. Vehicle No.		c. Year of Make	
d. Engine/Chassis No.		e. *C.C./Tonnage	
f. Change of Address			
g. Others (please specify)			

Part 3. Beneficiary Banking Details (*to be completed when required)			
Bank Name			
Bank Address/Branch			
Bank Account No.			
Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Others (please specify)
ID captured during opening of bank account	<input type="checkbox"/> NRIC	<input type="checkbox"/> Passport	<input type="checkbox"/> Bus. Reg. No.

Part 4 : Declaration			
Declaration of the vehicle conditions: I/We, the owner/on behalf of the owner of the above vehicle is hereby agreed and declared that is still in good condition without any claim/damage prior to my request for the above endorsement.			
I/We hereby declare that all information provide 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	

Part 5 : For Office Use Only			
Department/Branch		Profile Code	
Verified By & Date		Approved By & Date	

Notes:

- This facility allows payment to be credited into the above mentioned account only.
 - All relevant fields must be completed and appropriately marked ✓ where applicable. You may type or handwrite your details.
 - Please attach the following:-
 - copy of NRIC or Passport or Business Registration Form, whichever is applicable; and
 - 1st page of (a) your bank statement; or (b) your bank saving book showing the account name and account number; or (c) details of your bank account obtained from your bank's website that has been certified by your bank; or (d) letter from your bank confirming your bank account details;
 - copy of the approval letter from Customs on your SST registration number and effective date of SST registration (if applicable).
- If the copy of the document mentioned in [3. (i) and (ii)] is not provided, the Company deems that the details provided in this form is valid and accurate. In the event any invalid/inaccurate details is provided which results in payment being credited into an unintended bank account or if there is any loss incurred as a result thereof, the said payment made by the Company is still deemed as full and final payment and the Company shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such payment.