

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

Claim No

(Applicable for Claims Settlement)

Business Telephone No

E-mail Address

Part 2. Beneficiary Banking Details

Name of Bank

Bank Address

Bank Account No

Type of Account

Saving

Current

Others, Please Specify

ID captured when open bank account for verification

NRIC No

Co. Registration No

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

Part 4. For Office Use Only

Department / Branch

Profile Code

Verified By & Date

Approved By & Date

Allianz **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.

Head Office:

Level 29, Menara Allianz Sentral, 203, Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur
Tel : 603-22641188 / 603-22640688 Fax : 603-22641199 www.allianz.com.my

Customer Service Centre:

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Toll Free : 1-300-88-1028 Email: customer.service@allianz.com.my