

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

Withdraw NCD entitlement from the above mentioned policy/e-cover note with effect from

*Transfer my/our NCD of % with effect from To my/our Vehicle No

*Cancel the above mentioned policy/e-cover note with effect from

Reason

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 Savings Current Others (please specify) _____

ID captured during opening of bank account NRIC Passport 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 | <input type="text"/> | Company Stamp | <input type="text"/> |
| Name | <input type="text"/> | Date | <input type="text"/> |

Part 5. For Office Use Only

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

Notes:

- Please attach copy of NRIC or Passport or Business Registration Form whichever is applicable.
- Please provide First page of either (a) Beneficiary's bank statement; or (b) Bank saving 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 a 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.