



**Generali Insurance Malaysia Berhad**  
Reg No: 197501002042 (23829-W)  
Registered Address: 8th Floor, Menara Multi-Purpose, Capital Square,  
8, Jalan Munshi Abdullah,  
50100 Kuala Lumpur, Malaysia  
T +603 2034 9888  
E customer.service.gi@generali.com.my  
**generali.com.my**



Generali Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

## E-Payment Authorisation Form

Note: The issuance of this form is to facilitate E-Payment for the amount due to you (if any) in respect of Commission / Claim(s) / Premium Refund / Invoice(s) or any other payment(s), where applicable.

Please tick (✓) accordingly:  For New Registration  For Change of 1) Beneficiary Details / 2) Beneficiary Banking Details

### PART 1. Beneficiary Details

Name of Applicant/ Company	<input type="text"/>	Passport No./Others	<input type="text"/>	
NRIC No.	<input type="text"/> - <input type="text"/> - <input type="text"/>	Co. Registration No.	<input type="text"/>	
Address	<input type="text"/>		Postcode	<input type="text"/>
Email Address (For Payment Notification)	<input type="text"/> ngply@tarc.edu.my <input type="text"/> YoonLinChooi@pacificprime.com			

### PART 2. Beneficiary Banking Details \*

Bank Code (Appendix A)	<input type="text"/>	Others (Specify)	<input type="text"/>
Address	<input type="text"/>		
Bank Account No.	<input type="text"/>	SWIFT Code	<input type="text"/>
IBAN Code (if applicable)	<input type="text"/>		

**\*IMPORTANT:** 1) This facility allows payment to be credited into the above mentioned account only.

2) Please attach (i) Copy of NRIC / Passport / Business Registration Form whichever is applicable; and

(ii) 1st page of (a) 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.

### PART 3. Declaration

- 1 I/We hereby affirm that all information provided herein is correct and accurate.
- 2 I/We hereby agree that any of my/our personal information collected or held by Generali Insurance Malaysia Berhad in this E-Payment Authorisation Form is provided with my/our irrevocable consent for it to be held, processed, used and/or disclosed by Generali Insurance Malaysia Berhad to individuals or organizations associated with Generali Insurance Malaysia Berhad or any third party in order to facilitate the Commission / Claim(s) / Premium Refund / Invoice(s) or any other payment(s) due to me/us (if any) to be paid into my/our bank account stated above by way of Inter-bank Giro / RENTAS / Telegraphic Transfer. I/we acknowledge I/we have read, understood and agree to be bound by the terms of Generali Insurance Malaysia Berhad Privacy Policy which is available at generali.com.my
- 3 I/We hereby agree that my/our personal information declared here can be used to update my/our contactable information in Generali Insurans Malaysia Berhad database or any third party to enable fulfilment of services required.
- 4 I/We hereby request for the Commission / Claim(s) / Premium Refund / Invoice(s) or any other payment(s) due to me/us (if any) to be paid into my/our bank account stated above by way of Inter-bank Giro / RENTAS / Telegraphic Transfer and confirm that my/our request herein shall be irrevocable. Further, Generali Insurance Malaysia Berhad shall be authorised at any time in its absolute discretion to effect any payment(s) due to me/us by other mode(s).
- 5 I/We shall keep Generali Insurance Malaysia Berhad and individuals or organizations associated with Generali Insurance Malaysia Berhad or any third party indemnified against any losses, claims and/or damages howsoever arising from and/or in connection to any matters in relation to this E-Payment application requested by me/us herein including but not limited to error / mis-description in information furnished, delayed payment(s) and any other circumstances beyond Generali Insurance Malaysia Berhad and individuals or organizations associated with Generali Insurance Malaysia Berhad or any third party's control.

\_\_\_\_\_  
Authorised Signatory (ies)

\_\_\_\_\_  
Company Stamp

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: student

