



Generali Insurance Malaysia Berhad
(formerly known as AXA Affin General Insurance Berhad)
Reg No: 197501002042 (23820-W)
Correspondence Address: 8th Floor, Menara Multi-Purpose, Capital Square,
8, Jalan Munshi Abdullah,
50100 Kuala Lumpur, Malaysia
T +603 2034 9888
generalicom.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"/>			

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

- I/We hereby affirm that all information provided herein is correct and accurate.
- 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 generalicom.my
- 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 fulfillment of services required.
- 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).
- 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: _____



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PART 4. Additional Information

For Policy Holder (if Applicable)

Email Address		Contact No.	

For Additional Payment Notification(s)

Email Address 1	
Email Address 2	
Email Address 3	
Contact No. of Person-In-Charge	

Appendix A

Bank Code	Bank Name	Bank Code	Bank Name
B01	Affin Bank Berhad	B28	OCBC Al Amin Bank Berhad
B02	Affin Islamic Bank Berhad	B29	Public Bank Berhad
B03	AGRO Bank Berhad	B30	Public Islamic Bank Berhad
B04	Alliance Bank Malaysia Berhad	B31	RHB Bank Berhad
B05	Alliance Islamic Bank Malaysia Berhad	B32	RHB Islamic Bank Berhad
B06	AmBank (M) Berhad	B33	RBS Bank Berhad
B07	Amlslamic Berhad	B34	Standard Chartered Bank Malaysia Berhad
B08	Bank Islam Berhad	B35	Standard Chartered Saadiq Malaysia Berhad
B09	Bank Rakyat Malaysia Berhad	B36	United Overseas Bank (Malaysia) Berhad
B10	Bank Muallamat Berhad	B37	Al-Rajhi Banking & Investment Corporation (M) Berhad
B11	Bank of America Malaysia Berhad	B38	Bank of Tokyo
B12	Bank Simpanan Nasional	B39	BNP Paribas Malaysia Berhad
B13	CIMB Bank Berhad	B40	Ind. and Comm. Bank of China (M) Berhad
B14	CIMB Islamic Bank Berhad	B41	Sumitomo Mitsui Banking Corporation Malaysia Berhad
B15	Citibank Berhad	B42	Bank of China (M) Berhad
B16	Deutsche Bank (Malaysia) Berhad	B43	China Construction Bank
B19	Hong Leong Bank Berhad	B44	MBSB Bank Berhad
B20	Hong Leong Islamic Bank Berhad	B45	Mizuho Bank (Malaysia) Berhad
B21	HSBC Bank Malaysia Berhad		
B22	HSBC Amanah Bank Berhad		
B23	J.P. Morgan Chase Bank Berhad		
B24	Kuwait Finance House		
B25	Malayan Banking Berhad		
B26	Maybank Islamic Berhad		
B27	OCBC Bank (Malaysia) Berhad		