



ELECTRONIC FUND TRANSFER (EFT) AUTHORISATION FORM
 - Kindly provide us with the following details / documents for payment via EFT

Terms & Conditions

1. A copy of the Beneficiary (ies) bank statement / first page of bank passbook with account details, is to be attached together with this Electronic Fund Transfer Form. The Company reserves the right to request for further and other documents to support this request for Electronic Fund Transfer.
2. Payment under this Electronic Fund Transfer shall be credited to active bank account of the Beneficiary(ies), as stated herein.
3. Electronic Fund Transfer is only available for direct to banks participating in Interbank Giro payment system (IGB).
4. Electronic crediting of claims payment into the following accounts are not allowed:
 - (a) Overseas bank account; and
 - (b) Any local bank account that is not in the name of the Beneficiary(ies) as stated in this Electronic Fund Transfer Form.
5. Any use correction fluid on document(s) required for the purposes of this for Electronic Fund Transfer will not be accepted
6. Zurich General Insurance Malaysia Berhad ("Company") reserves the right to release claims payment by cheque if the Company finds that any information and/or document(s) provided with this Electronic Fund Transfer Form is incomplete, invalid and/or inconsistent.
7. Payment by EFT is subject to our final discretion.

CLAIM NO. : _____

POLICY NO. : _____

INSURED : _____

NATURE OF LOSS : _____

DATE OF LOSS : _____

BENEFICIARY NAME : _____
 (Bank Account Holder Full Name)

NRIC NO./ BUSINESS REGISTRATION NO : _____
 (As stated in bank account)

NAME OF BANK : _____
 : _____

BANK ACCOUNT NO. : _____

BENEFICIARY ADDRESS : _____
 : _____

BENEFICIARY EMAIL ADDRESS : _____
 (Mandatory for payment notification)

BENEFICIARY TELEPHONE NO. : _____ **(Office)** _____ **(H/P)**
 (Mandatory for payment notification)

1. I confirm that I am the holder of the bank account specified above ("Account") and that the details thereof are correct, true and complete. I further confirm that I have full power and authority to operate the Account.
2. I authorize the Company to deposit claims payment which are payable to me into the Account. I agree that all further claims payment which are payable arising from the same event shall be paid into the Account, unless I notify the Company otherwise.
3. I acknowledge and agree that the claims payment into the Account shall be a valid discharge of the Company's liability under the Policy. I further agree that the Company shall not be held liable for any damages, losses, claims, costs and/or expenses which I may incur as a result of such payments made into the Account in accordance with my instructions herein.
4. I agree to immediately refund to the Company in full any monies paid into the Account which I am not entitled to receive.
5. I agree to indemnify the Company for any damages, losses, costs and/or expenses incurred by the Company arising from or in connection with payments made to the Account in accordance with my instructions herein

 Signature of Beneficiary
 Date:

 Company Stamp (if applicable)