



## Policy Amendment Form

### For Office Use Only

Service Incident No			
Personal Lines	<input type="checkbox"/> Motor	<input type="checkbox"/> Personal Property	<input type="checkbox"/> PLUS
Accident & Health	<input type="checkbox"/> 01 Individual <input type="checkbox"/> 05 Individual Travel	<input type="checkbox"/> 02 Group <input type="checkbox"/> 08 Worksite Marketing	<input type="checkbox"/> 03 Direct Marketing <input type="checkbox"/> 09 Corporate Travel

### Policy Details

Policyholder/Insured Name			
Policy No		Vehicle Registration No	
Expiry Date			

### Producer Details

Producer Name:	Code:	Contact No.
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Kindly endorse policy to reflect the changes indicated below.

Effective Date 

		Date			Month			Year
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### Policy Amendments

Increase/Decrease sum insured to RM\_\_\_\_\_

Change of plan/occupation class from \_\_\_\_\_ to \_\_\_\_\_

Extend period of insurance to expire on \_\_\_\_\_  
**For Motor Policy (extension not exceeding 6 months)**  
 Vehicle Registration Card enclosed?  Yes  No

Cancellation of policy  
 Reason: \_\_\_\_\_  
**For Motor Policy:** For your attention, I am/We are enclosing herewith the following document(s):  
 Original certificate of insurance; or  
 Declaration of loss of certificate of insurance witnessed by a commissioner for oaths

Refund premium:  
 Via GIRO Account (**please complete page 3**)  
 Other (Reason: \_\_\_\_\_)

Change policyholder/insured details / Other(s)

Type	Details

**Below applicable for A&H Group policy only**

- Addition/Deletion of employee(s) *(Please attach list of employee)*
- Change of category of employee(s) *(Please attach list of employee category)*

**Below applicable for Motor policy only**

- Reinstatement/Inclusion/Deletion of additional coverage:
- All Drivers  L.L.P. for Acts of Negligence
- S.R.C.C.  Windscreen cover @ RM\_\_\_\_\_

- Transfer the rights and benefits of my/our policy to:

Name:		Relationship to insured:
NRIC:	DOB:	Driving Experience:
Occupation:	Marital Status:	Gender:

- Inclusion of one named driver:

Name:		Relationship to insured:
NRIC:	DOB:	Driving Experience:
Occupation:	Marital Status:	Gender:

- Transfer NCD entitlement from the above policy to vehicle no. \_\_\_\_\_ under cover no./policy no. \_\_\_\_\_
- Withdraw NCD entitlement from the above policy
- Issue NCD confirmation letter (overseas)
- I hereby authorized Mr/Mrs. \_\_\_\_\_ NRIC No \_\_\_\_\_ to act/collect on my behalf:-
- NCD confirmation
- NCD confirmation letter (overseas)

**Consent Clause:**  
I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG and/or its service providers, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG and/or its service providers, and the individual agrees and consents, that AIG and/or its service providers may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG's Privacy Notice.

\_\_\_\_\_  
Policyholder's/Insured's Signature/Company Stamp

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Date: \_\_\_\_\_

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**Referral to Underwriter \*:** Yes  No

Premium computation (to be completed by Front Counter):

\* please refer to Appendix 1 – Policy Amendment Form

**Underwriter's Comments:**

Prepared by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



**E-PAYMENT SYSTEM via CREDIT or GIRO**

SISTEM E-PEMBAYARAN melalui CREDIT atau GIRO

**BENEFITS OF E-PAYMENT: Secure, Faster & Convenient**

KELEBIHAN E-PEMBAYARAN: Selamat, Lebih Cepat & Mudah

No	Description <i>Penerangan</i>	Remarks <i>Keterangan</i>
1	<b>Name of Account Holder</b> <i>Nama Pemegang Akaun</i>	Must be the same as per name / company name registered with the bank. <i>Mesti sama seperti nama / nama syarikat yang berdaftar dengan bank.</i>
2	<b>NRIC or Passport or Company Registration Number</b> <i>Nombor Kad Pengenalan atau Pasport atau Pendaftaran Syarikat</i>	NRIC (new) NRIC (old) Passport No. Business Registration No.
3	<b>Policy Number</b> <i>Nombor Polisi</i>	Policy number relating to this payment. <i>Nombor polisi berkenaan pembayaran ini.</i>
4	<b>Telephone Number</b> <i>Nombor Telefon</i>	Telephone number if contact is required. <i>Nombor telefon jika perlu dihubungi.</i>
5	<b>Bank Account Number</b> <i>Nombor Akaun Bank</i>	
6	<b>E-mail Address</b> <i>Alamat E-mel</i>	Our bank will notify account holder once each remittance has been made. <i>Bank kami akan memaklumkan pemegang akaun setelah pengiriman wang telah dibuat.</i>

Kindly tick (✓) the bank name:

No	Bank Name	BIC Code	No	Bank Name	BIC Code
1	AFFIN BANK BERHAD	PHBMMYKL	21	HONG LEONG ISLAMIC BANK BERHAD	HLIBMYKL
2	AFFIN ISLAMIC BANK BERHAD	AIBBMYKL	22	HSBC AMANAH MALAYSIA BERHAD	HMABMYKL
3	AGRO BANK	AGOBMYK1	23	HSBC BANK MALAYSIA BERHAD	HBMBMYKL
4	ALLIANCE BANK MALAYSIA BERHAD	MFBBMYKL	24	INDUSTRIAL & COMMERCIAL BANK OF CHINA (M) BHD	ICBKMYKL
5	ALLIANCE ISLAMIC BANK BERHAD	ALSRLMYK1	25	J.P. MORGAN CHASE BANK BERHAD	CHASMYKX
6	AL-RAJHI BANKING & INVESTMENT CORPORATION (M) BHD	RJHIMYKL	26	KUWAIT FINANCE HOUSE (M) BHD	KFHOMYKL
7	AMBANK BERHAD	ARBKMYKL	27	MALAYAN BANKING BERHAD	MBBEMYKL
8	AMISLAMIC BANK BERHAD	AISLMYKL	28	MAYBANK ISLAMIC BERHAD	MBISMYKL
9	BANK ISLAM MALAYSIA BERHAD	BIMBMYKL	29	MIZUHO CORPORATE BANK	MHCBMYKA
10	BANK KERJASAMA RAKYAT	BKRMMYK1	30	OCBC AL-AMIN BANK BERHAD	OABBMYKL
11	BANK MUAMALAT MSIA BHD	BMMBMYKL	31	OCBC BANK MALAYSIA BHD	OCBCMYKL
12	BANK OF AMERICA	BOFAMY2X	32	PUBLIC BANK BERHAD	PBBEMYKL
13	BANK OF CHINA (M) SDN BHD	BKCHMYKL	33	PUBLIC ISLAMIC BANK BERHAD	PIBEMYK1
14	BANK OF TOKYO-MITSUBISHI UFG (M) BERHAD	BOTKMYKX	34	RHB BANK BERHAD	RHBBMYKL
15	BANK SIMPANAN NASIONAL BHD	BSNAMYK1	35	RHB ISLAMIC BANK BERHAD	RHBAMYKL
16	BNP PARIBAS MALAYSIA BERHAD	BNPAMYKL	36	STANDARD CHARTERED BANK (M) BHD	SCBLMYKX
17	CIMB BANK BERHAD	CIBBMYKL	37	STANDARD CHARTERED SAADIQ BERHAD	SCSRMYK1
18	CITIBANK BERHAD	CITIMYKL	38	SUMITOMO MITSUI BANKING CORP (M) BHD	SMBCMYKL
19	DEUTSCHE BANK (M) BHD	DEUTMYKL	39	THE ROYAL BANK OF SCOTLAND BHD	ABNAMYKL
20	HONG LEONG BANK BERHAD	HLBBMYKL	40	UNITED OVERSEAS BANK BHD	UOVBYMYKL

I/We declare and confirm that all information provided is full, complete, true and accurate. I/We have read and agreed to AIG Malaysia's Privacy Policy at <https://www.aig.my/privacy-notice>. If I/We are submitting information relating to another individual, I/We represent and warrant that I/We have the authority to provide that information to AIG and/or its service providers and the individual agrees and consents, that AIG and/or its service providers may collect, use and disclose his/her personal information in accordance with AIG's Privacy Notice. Saya/Kami mengaku dan mengesahkan bahawa semua maklumat yang diberikan adalah penuh, lengkap, benar dan tepat. Saya/kami telah membaca dan bersetuju dengan Polisi Privasi AIG Malaysia di <https://www.aig.my/privacy-notice>. Jika saya/kami memberikan maklumat bagi pihak individu lain, saya/kami mengesahkan bahawa saya/kami mempunyai kebenaran untuk memberikan maklumat individu tersebut kepada AIG dan/atau pembekal servis AIG, dan individu tersebut membenarkan AIG dan/atau pembekal servis AIG untuk mengambil, mengguna dan mendedah maklumat individu tersebut mengikut Notis Privasi AIG.

I/We hereby authorise AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to above Bank Account. I/We further understand that AIG Malaysia relies on the above information and instruction in order to make payment and in the event of any loss arising from this payment, AIG Malaysia is absolved from any or all liability. Saya/Kami dengan ini membenarkan AIG Malaysia Insurance Berhad untuk membuat pembayaran melalui kredit langsung atau GIRO ke Bank Akaun tertera di atas. Saya/Kami selanjutnya memahami bahawa AIG Malaysia bergantung kepada maklumat dan arahan di atas untuk membuat pembayaran dan AIG Malaysia akan dibebaskan daripada semua liabiliti jika timbul apa-apa kerugian daripada pembayaran ini.

**Signature and/or Company Stamp :**

Tandatangan dan/atau Cop Syarikat :

**Name as per NRIC :**

Nama Penuh seperti di dalam Kad Pengenalan :

**Date :**

Tarikh :