



NON-AUTO POLICY AMENDMENT FORM

Instruction: Tick (✓) the box where applicable.

For office use only						
Service Incident No.						
Personal Lines		Personal Property		PLUS		
Accidents & Health	<input type="checkbox"/>	01 Individual	<input type="checkbox"/>	02 Group	<input type="checkbox"/>	03 Direct Marketing
	<input type="checkbox"/>	05 Individual Travel	<input type="checkbox"/>	08 Worksite Marketing	<input type="checkbox"/>	09 Corporate Travel
	<input type="checkbox"/>	12 Specialty				

Policyholder's / Insured Person's Name					
Policy No.					
Expiry Date					
PRODUCER DETAILS					
Prod. Name		Prod. Code		Contact No.	

POLICY AMENDMENT					
Kindly endorse the above policy to reflect the change(s) indicated below:					
Endorsement Effective Date <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year					
<input type="checkbox"/>	Increase/ Decrease Sum Insured to RM _____				
<input type="checkbox"/>	Change of Plan / Occupation Class from _____ to _____				
<input type="checkbox"/>	Extend period of insurance to expire on <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year				
<input type="checkbox"/>	Cancellation of policy:				
Reason: _____					
<input type="checkbox"/>	Change of Policyholder / Insured / other details (please indicate accordingly):				

Below is applicable for A&H Group policy only	
<input type="checkbox"/>	Addition / Deletion of employee(s) (Please attached list of employees)
<input type="checkbox"/>	Change of category of employee(s) (Please attached list of employee categories)



I / We hereby authorize and request that the above policy be amended in accordance with the above particulars. I / we further agree that any change shall not take effect until the request is approved by AIG Malaysia Insurance Berhad ("AIG").

Saya / Kami membenarkan dan meminta agar polisi di atas ditukar selaras dengan butir-butir di atas. Saya/kami selanjutnya bersetuju bahawa apa-apa pengubahsuaian atau perubahan tidak akan berkuatkuasa sehingga permintaan diluluskan only AIG Malaysia Insurance Berhad ("AIG").

I / We declare and confirm that all information provided is full, complete, true and accurate. I/we understand and agree that AIG, believing them to be such, will rely and act on them, otherwise any policy and endorsements issued or coverage granted may be void at AIG's option.

Saya / Kami mengaku dan mengesahkan bahawa semua maklumat yang diberikan adalah penuh, lengkap, benar dan tepat. Saya / Kami memahami dan bersetuju bahawa AIG, mempercayai seperti itu, akan bergantung dan bertindak ke atasnya, sekiranya tidak, polisi dan endorsmen yang dikeluarkan atau perlindungan yang diberikan mungkin dibatal pada pilihan AIG.

I / We have read and agreed to AIG's Privacy Notice at <https://www.aig.my/privacy-notice>.

Saya / Kami telah membaca dan bersetuju dengan Notis Privasi AIG di <https://www.aig.my/privacy-notice>.

If I am / 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

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.

Policyholder's or Insured Person's signature / company stamp

Name:

Contact No.:

Date:

For office use only

Referral to Underwriter? Yes No

Premium computation* (to be completed by Front Counter):

**Please refer to page 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: Lebih Selamat, Cepat &, Mudah

No	Description <i>Penerangan</i>	Remarks <i>Keterangan</i>
1	Name of Account Holder <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	NRIC or Passport or Company Registration Number <i>Nombor Kad Pengenalan atau Pasport atau Pendaftaran Syarikat</i>	NRIC (new) NRIC (old) Passport No. Business Registration No.
3	Policy Number <i>Nombor Polisi</i>	Policy number relating to this payment. <i>Nombor polisi berkenaan pembayaran ini.</i>
4	Telephone Number <i>Nombor Telefon</i>	Telephone number if contact is required. <i>Nombor telefon jika perlu dihubungi.</i>
5	Bank Account Number <i>Nombor Akaun Bank</i>	
6	E-mail Address <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	MFBMYKL	24	INDUSTRIAL & COMMERCIAL BANK OF CHINA (M) BHD	ICBKMYKL
5	ALLIANCE ISLAMIC BANK BERHAD	ALSRMYK1	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	MHCBBMYKA
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	UOVBYMUKL

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 : _____