

THE PACIFIC INSURANCE BERHAD (TPIB) - 91603K

e-PAYMENT Authorisation Form (Please Tick (4) Accordingly)

****IF YOU HAVE PREVIOUSLY ALREADY SUBMITTED THIS FORM AND THERE IS NO CHANGE IN YOUR BANKING DETAILS, YOU NO LONGER NEED TO SUBMIT THIS FORM.**

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|--|--|---|--|---------------------------------------|
| Personal Data Protection Act 2010 (PDPA) Notice from The Pacific Insurance Berhad (TPIB) to you. Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB privacy notice. | | | | |
| <input type="checkbox"/> New Registration | | <input type="checkbox"/> Update of Details | | |
| Particulars (Please ensure accuracy of details) : | | | | |
| <input type="checkbox"/> Agents | <input type="checkbox"/> Brokers | <input type="checkbox"/> Reinsurers | <input type="checkbox"/> Co-insurers | <input type="checkbox"/> Adjusters |
| <input type="checkbox"/> Repairers | <input type="checkbox"/> Insured | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Policyholder | <input type="checkbox"/> Solicitors |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Service Providers | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Others (Please specify in next box) | |
| Name : | | | | |
| Business/Company Registration No. (Non-Individual) | | | | |
| NRIC No : (Individual) | | | | |
| Postal Address : | | | | |
| Contact Number : | | Office: | Mobile: | |
| Important! PLEASE NOTE THAT EMAIL 2 WILL ONLY BE VALID IF THE TOTAL NUMBER OF CHARACTERS FOR EMAIL 1 AND EMAIL 2 DOES NOT EXCEED FORTY-NINE (49) CHARACTERS. @ - _ (these examples are not exhaustive) ARE EACH CONSIDERED AS 1 CHARACTER | | | | |
| Email 1: (for notification of payment to Payee) | | | | |
| Email 2: (for notification of payment to Servicing Agent) | | | | |
| Banking Details (Please ensure accuracy of details) : | | | | |
| Bank Name : | | | | |
| Bank Account No. : | | | | |
| Type of Account : | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Current Account | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Loan Account |

Declaration:

- I/We hereby authorise TPIB to remit all payments due to me/us to my/our bank account details as indicated above. TPIB will not be liable for any financial loss due to the incorrectness, incompleteness or inaccuracies of the information provided above.
- TPIB may in its absolute discretion elect other modes (such as cheques, cash or bank drafts) other than the e-Payment mode as it deems fit.
- In the event the information provided above has changed, I/We shall inform TPIB of the changes accordingly. I/We understand that I/We need to state our Bank Name and Bank Account Number on each and every occasion a payment is due to us from TPIB.

I hereby agree to the above terms and conditions and declare that the information provided above are true and correct.

Please return the completed form to the following address or email address:
 The Pacific Insurance Berhad (TPIB) - 91603K
 40-01, D Sentral, 2A Jalan Stesen Sentral 2,
 Kuala Lumpur Sentral,
 50470 Kuala Lumpur.
 Email : epayment@pacificinsurance.com.my

Authorised Signatory and Co. Stamp (if appropriate) Date:

| | | | |
|-------------------------------------|--|---------------|--|
| For Internal Office Use Only | | | |
| Verified By : | | Dep/Branch : | |
| Client No : | | Date : | |
| Financial Services | | | |
| Created By : | | Verified By : | |