

## **QBE Insurance (Malaysia) Berhad (161086-D)**

GST ID: 002077360128

## **Interbank GIRO / Rentas Fund Transfer Authorization Form**

- 1. I/We hereby authorize QBE Insurance (Malaysia) Berhad ("QBE") to credit all my payments to my bank account indicated below.
- 2. I/We hereby declared that the information provided below is true and correct. I/We are the holder of the bank account and I/We have full power to operate the bank account.
- 3. QBE will not be liable for any financial loss due to the incorrectness or inaccuracies of the information provided.
- 4. I/We agree to immediately refund in full to QBE any monies paid into the Account which I am not entitled to receive.
- 5. For verification purpose, I attach a Certified True Copy of the Bank Statement / relevant page of the bank statement / passbook which clearly stated information of the account belongs to me / my company. The bank statement is duly certified by our Director / Company Secretary / Finance Manager / Bank Officer.
- 6. For Claims Payment:
  - I/We acknowledge and agree that that the claims payment credited into my Account shall be a valid discharge of the Company's liability under the Policy.

Please tick your option						
☐ Agent	Broker		Reinsurer			Co-insurer
Adjuster Adjuster	□ R	Repairer		Service Provider		Financial Institution
Insured	☐ Claimant		Solicitor			Others ()
Banking details [ Please ensure accuracy of details ]						
Account Name						
Bank Name						
Bank Account Number						
IC No. or Company Registration No. used to open the above Bank A/C (Mandatory Information)						
Email (for payment notific	cation)					
Phone No.				Mobile No.		
Address						
Authorised Signatory			(Co	mpany Stamp)		
Name :						
Position : Date :						
For QBE office use on	ly		10:	. /5 .		
Verified by :			Signature / Date :			
Processed by:				ature / Date :		
Assigned by :			Sign	ature / Date :		