

E-Payment



TOKIO MARINE
INSURANCE GROUP

Section A: Personal Details

Account Holder Name: _____

Account Holder Address: _____

For Individual

NRIC No./ID No./Passport No.: _____ Tax Identification Number (TIN): _____

For Non-individual

Business Registration No.: New _____ Old _____

Sales and Service Tax (SST) No.: _____ Tax Identification Number (TIN): _____

Contact information

Contact Person: _____

Telephone No: _____ Mobile No: _____

e-Invoicing Email: _____ e-Payment Email: _____

Bank information

Bank Name _____ Bank Code _____ Bank Account Number (please ignore all dashes: '-')

Account Type ☐ Current Account ☐ Savings Account

Other Info ☐ Individual Account ☐ Joint Account

☐ Others

(Support With Relevant Documents)

NRIC No./ID No./Passport No. (individual) for the 1st name

Section B: Declaration

I/We hereby authorize Tokio Marine Insurans (Malaysia) Berhad (TMIM) to credit all monies due to me/us to my personal bank account/our company bank account indicated above by way of Giro Fund Transfer/Rentas and confirm that:

1. I/We hereby declare that the above is my personal bank account/our company bank account, and the information given is true and accurate to the best of my/our knowledge and record.
2. I/We shall indemnify TMIM for any loss, damage, or claims incurred in whatsoever manner as a consequence of acting on such instruction.
3. I/We hereby give my/our consent to TMIM to disclose my/our Personal Data to TMIM's service providers and/or financial institutions for the purpose of effecting and facilitating the electronic payments (Personal Data includes name, personal identification number, contact details, and any other details not specifically mentioned herein).
4. I/We understand that the supply of my/our Personal Data herein is voluntary, and it is necessary for TMIM to process my/our Personal Data for effecting and facilitating the electronic payments to me/us.

Notice:

Any changes to the customer's personal data, the customer is required to write-in to us at letusknow@tokiomarine.com.my.

Authorised Signatory & Signature

Name: _____

Position: _____

Date: _____

Company Stamp

FOR OFFICE USE ONLY

To be completed by relevant department:

<p>Client Code: _____</p> <p>Requestor's Name & Signature/Stamp: _____</p> <p>Date received: _____</p>	<p>Date: _____</p> <p>Requestor's Reporting Supervisor Name & Signature/Stamp: _____</p> <p>Created by: _____ Verified by: _____</p> <p>Date: _____ Date: _____</p>	<p>*Mandatory to proceed with payment processing on change request: This must be verified with a follow-up call with Payee / Counterpart with Contact details provided</p> <p>*Call-Back Verification Date: _____</p> <p>*Verifier's Name & Signature: _____</p>	<p>*Verified by payee/counterpart on record with TMIM</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <small>Supported with email confirmation on call-back verification</small></p> <p>*Reporting Supervisor/HOD's Name & Signature: _____</p>
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