



ELECTRONIC CREDIT PAYMENT (ECP) AUTHORISATION FORM

- Kindly provide us with the following details / documents for payment via ECP

- Terms & Conditions**
- 1 A copy of the Beneficiary(ies) bank statement/first page of bank passbook with account details, is to be attached together with this Electronic Credit Payment Form. The Company reserves the right to request for further and other documents to support this request for Electronic Credit Payment.
 - 2 Payment under this Electronic Credit Payment shall be credited to the **active** bank account of the Beneficiary(ies), as stated herein.
 - 3 Electronic Credit Payment is only available for direct credit to banks participating in the Interbank Giro payment system (IBG).
 - 4 Electronic crediting of claims payment into the following accounts are not allowed:
 - (a) Overseas bank account; and
 - (b) Any local bank account that is not in the name of the Beneficiary(ies) as stated in this Electronic Credit Payment Form.
 - 5 Any use of correction fluid on document(s) required for the purposes of this request for Electronic Credit Payment will not be accepted.
 - 6 Lonpac Insurance Bhd ("Company") reserves the right to release claims payment by cheque if the Company finds that any information and/or document(s) provided with this Electronic Credit Payment Form is incomplete, invalid and/or inconsistent.
 - 7 Payment by ECP is subject to our final discretion.

CLAIM NO. : _____

POLICY NO. : _____

INSURED : _____

NATURE OF LOSS : _____

DATE OF LOSS : _____

BENEFICIARY NAME : _____

(Bank Account Holder Full Name)

(The Beneficiary Name on the bank account must be stated as above)

NRIC NO./ BUSINESS REGISTRATION NO. : _____

(As stated in bank account)

NAME OF BANK : _____

BANK ACCOUNT NO. : _____

BENEFICIARY ADDRESS : _____

BENEFICIARY EMAIL ADDRESS : _____

(Mandatory for payment notification)

BENEFICIARY TELEPHONE NO. : _____ (Office) _____ (H/P)

(Mandatory for payment notification)

- 1 I confirm that I am the holder of the the bank account specified above ("Account") and that the details thereof are correct, true and complete. I further confirm that I have full power and authority to operate the Account.
- 2 I authorise the Company to deposit claims payments which are payable to me into the Account. I agree that all further claims payment which are payable arising from the same claims event shall be paid into the Account, unless I notify the Company otherwise.
- 3 I acknowledge and agree that the claims payment into the Account shall be a valid discharge of the Company's liability under the Policy. I further agree that the Company shall not be held liable for any damages, losses, claims, costs and/or expenses which I may incur as a result of such payments made into the Account in accordance with my instructions herein.
- 4 I agree to immediately refund to the Company in full any monies paid into the Account which I am not entitled to receive.
- 5 I agree to indemnify the Company for any damages, losses, claims, costs and/or expenses incurred by the Company arising from or in connection with payments made to the Account in accordance with my instructions herein.

Signature of Beneficiary

Company Stamp (if applicable)

Date: