

**Letter of Assignment**

(Apply only for the case where the corporate employer pays the premiums for the Insured)

Written at \_\_\_\_\_  
 Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

I (Mr./Mrs./Ms.) \_\_\_\_\_ (Assignor)

ID card number \_\_\_\_\_ residing at \_\_\_\_\_ Village \_\_\_\_\_  
 Alley (Soi) \_\_\_\_\_ Road \_\_\_\_\_ Sub-district \_\_\_\_\_  
 District \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

the Insured who holds the policy number \_\_\_\_\_ of Allianz Ayudhya General Insurance Public Company Limited, would like to assign the rights related to the above-mentioned policy as specified hereunder:

- Receive a special refund of premium in case of good claim record (No Claim Bonus).
- Receive a refund of premiums in case of policy cancellation or policy termination.
- Policy cancellation in case of the insured resignation, employment dismissal, termination of employment, or in case of death.

to my employer \_\_\_\_\_ (Assignee)

Juristic person registration No. \_\_\_\_\_ with office located at \_\_\_\_\_  
 \_\_\_\_\_ Road \_\_\_\_\_ Sub-district \_\_\_\_\_  
 District \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

By this assignment, both the Assignor and the Assignee acknowledge and agree as follows:

1. They will not take any actions that would invalidate or impair the rights as specified in this assignment, except in cases that the assignment is cancelled according to the methods prescribed herein.
2. The Assignee has no right to change the beneficiary and no right to further assign the rights to another person.
3. Whenever the Company has complied with the purposes specified in this assignment, the Company will be released from any duties and responsibilities that will affect both the Assignor and the Assignee in all respects.
4. This assignment will be invalid when both the Assignor and the Assignee submit a written notice to cancel such assignment, or when the Assignee submits a written notice to cancel such assignment to the Assignor.
5. This assignment or cancellation notice of the assignment as specified in item 4 will not be binding until the Company has received a written notice of the assignment or the cancellation of the assignment, and the Company has acknowledged the receipt of such notification. The Company shall not be liable for any actions taken under the provisions of policy contract before the Company is informed of the assignment, the change of assignment, or the cancellation of such assignment.
6. When the agreement in this assignment is terminated or cancelled in any way, the Assignor and the Assignee agree that the rights and duties under the policy terms and conditions will be fully reinstated.

The Assignor and the Assignee have read this assignment thoroughly and certify that it is entirely accurate and in accordance with their intent. Both parties, therefore, sign as evidence in the presence of witnesses.

Signature ..... Assignor      Signature ..... Assignee  
 (.....)

Signature..... Witness      Signature ..... Witness  
 (.....)

Allianz Ayudhya General Insurance Public Company Limited received this letter of Assignment on \_\_\_\_\_  
 Signature \_\_\_\_\_ Grantee  
 (.....)

## Documents supporting the letter of Assignment

1. Documents from the Assignor
  - 1) A copy of the ID card or passport with signed to verification
2. Documents from the Assignee (Juristic Person)
  - 1) A copy of certified of registration of juristic person (issued by the Ministry of Commerce within 6 months) with the company's official seal
  - 2) In case the signature is by the authorized director of the juristic person
    - A copy of the ID card or passport of the authorized director(s).
  - 3) In case the signature is by an authorized representative:
    - A power of attorney with stamp duty affixed.
    - A copy of the ID card or passport of the Grantor (Assignor).
    - A copy of the ID card or passport of the Grantee.
  - 4) A copy of the front page of bank account of Juristic Person (Assignee).

Note:

All documents must be signed for certification by the document owner. In case of document of Juristic Person, the certification must be signed by the authorized person or the Grantee of juristic person (as the may be) with the company's seal (if any).

### Instructions to fill in the letter of Assignment Form

1. Please ensure the details are clearly legible and provided in full.
2. The signature section at the end of the assignment must be typed or written in block letters, clearly state the full name of the assignor, assignee, and witnesses in brackets (.....).
3. The assignor must sign in the same manner as provided in the insurance application/proposal form or the last signature provided to the Company.
4. The assignee signature should be signed by the authorized director whose name is declared in the corporate certification or by the grantee.
5. All witnesses must sign where indicated.