

RELEASE AND SUBROGATION FORM

Important Notice This Release and Subrogation Form shall only be executed and deemed valid upon the approval of the claim application by Malayan Insurance Company, Inc. Notarization of this form is not required.

Policy No.:

I hereby authorize **Malayan Insurance Company, Inc.** to release the proceeds of my insurance claim via bank transfer to the following account:

Account Info	Savings Account	Current Account
Bank Account Name		
Account Number		
Bank		
Branch		

Subject to the payment through bank transfer of the amount of ₱_____ to the above bank account. I, the undersigned, for my successors and assigns do hereby release and forever discharge **Malayan Insurance Co., Inc.**, its directors, officers, employees, agents, assigns, reinsurers, etc of and from any and all actions, claims, demands whatsoever that now exist or may hereafter develop, more particularly on account of all known, unknown and unanticipated injuries and/ or damages arising out of and in consequence of the loss incident subject of the above-captioned claim. This release may be pleaded in defense or bar to any suit or proceedings of whatever nature which I or anyone on my behalf may take or may have taken in connection with the foregoing.

The undersigned hereby further assigns and transfers to the aforementioned Insurer any and all cause or causes of action, claims, demands, rights and remedies which I may have against any person/s, corporation, or property arising from or in connection with the said loss incident and said Insurer is hereby subrogated in my stead to said cause or causes of action, claims, demands, rights, and remedies against such person/s, corporation, or property.

I, the undersigned, attest and warrant that I am possessed with the requisite legal capacity and authority to execute this document and that the terms thereof have been read and have been thoroughly understood.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ____ day of _____, 20_____.

**Signature over Printed Name
of Policyholder/ Insured**