

Application Form for Interbank GIRO

PART 1 : FOR APPLICANT'S COMPLETION

Intermediary/Producer Name	Date
Policyholder Name	Policyholder NRIC No.

To : My/Our Bank POSB / DBS HSBC OCBC UOB
(Please tick only one) Citibank Maybank Standard Chartered Others: _____

Policy Number <i>(Not required for new insurance applications)</i>	Product Name
--	---------------------

- a. I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
 b. The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 c. This authorisation will remain in force until
 (i) the Bank's written notice sent to my/our address last known to the Bank;
 (ii) upon the Bank's receipt of my/our written revocation; or
 (iii) upon the Bank's receipt of the notice of expiry from the BO.
 d. I/We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.
 e. I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/We can withdraw or manage my/our consent to receive marketing and promotional information at www.sompo.com.sg.
 f. I/We am/are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/ form is true, accurate and complete.

My/Our Name(s) (Account Holder's Name as per Bank's record)	My/Our Contact (Tel/Fax) Number(s)
--	---

My/Our Bank Account Number	My/Our Signature(s) / Thumbprint(s) (As per Bank's record) <i>For thumbprints, please go to the branch with your identification</i>
-----------------------------------	---

PART 2 : FOR SOMPO INSURANCE SINGAPORE PTE. LTD.'S COMPLETION

Swift	Code Account to be credited	GIRO Reference No.
C I B B S G S G X X X	2 0 0 0 4 8 0 5 7 3	
Swift	Code Account to be debited	

PART 3 : FOR BANK'S COMPLETION

To : Sompo Insurance Singapore Pte. Ltd.
 This Application is hereby REJECTED (please tick) for the following reason(s):

<input type="checkbox"/> Signature / Thumbprint * differs from Bank's records <input type="checkbox"/> Signature / Thumbprint * incomplete / unclear * <input type="checkbox"/> Account operated by signature / thumbprint * Please delete where inapplicable	<input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendments not countersigned by applicant <input type="checkbox"/> Others :
--	--

Name of Approving Officer	Authorized Signature	Date
----------------------------------	-----------------------------	-------------