



## APPLICATION FOR INTERBANK GIRO SAF GROUP INSURANCE SCHEME



### PART I : FOR APPLICANT'S COMPLETION

Date (dd/mm/yyyy) :

To : Name of Bank

Branch :

Name of Billing Organisation ("BO") :

Particulars of Person Applying for Group Insurance :

Name :
NRIC :

Payment for Applicant's Group Insurance Scheme

- a) I/We hereby instruct you to process the Billing Organisation's instructions to debit my/our account.
- b) You are 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. You may also at your 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 terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s) (as in the bank account) :

My/Our Bank Account Number :

My/Our Residential Address :

My/Our Contact Number(s) :

(Home)	(Office)	(Handphone)
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

My/Our Company Stamp/Signature(s)/Thumbprint(s)\*:



(as in Bank's record)

\*If your account is operated by thumbprint, your thumbprint need to be verified by the bank's staff.

### PART II : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7171	003	0039001886

Bank	Branch	Account No. of Applicant To Be Debited

Reference Number (NRIC)
0686

### PART III : FOR FINANCIAL INSTITUTION'S COMPLETION

**To: Billing Organisation**

This application is hereby **REJECTED** (please tick) for the following reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint** differs from Financial Institution's records<br><input type="checkbox"/> Signature/Thumbprint** is incomplete/unclear<br><input type="checkbox"/> Account operated by Signature/Thumbprint** | <input type="checkbox"/> Wrong account number<br><input type="checkbox"/> Amendments not countersigned by customer<br><input type="checkbox"/> Others : _____ |
|--|---|

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Name of Approving Officer

Authorised Signature

Date

\*\*Please delete where applicable.

**Payment Through Interbank GIRO for SAF Group Insurance Scheme:**

1. You are required to complete this Interbank GIRO application form with a valid bank account; otherwise, insurance cover will not be effected.
2. Upon receipt of your application form, we will send it to your bank for verification.
3. If you are already insured and already paying your insurance premium by GIRO, you are not required to complete this GIRO form again.
4. **The first deduction will be made from your bank account on the 10<sup>th</sup> day of each month. If the first deduction fails, a second deduction will be made on the 25<sup>th</sup> day of the same month.** If the 10<sup>th</sup> or 25<sup>th</sup> falls on a Saturday, Sunday or Public Holiday, deduction will be advanced to an earlier working day. Some banks may levy a surcharge for unsuccessful deduction. You are, therefore, advised to keep sufficient fund on the 2 dates mentioned above.
5. You may arrange for another party to pay your insurance premium using his/her valid bank account by completing and signing this GIRO application.
6. The completed GIRO application form will have to be submitted together with the insurance application. For mailing please mail to : **Aviva Ltd, 4 Shenton Way #01-01, SGX Centre 2, Singapore 068807.**
7. For clarification, please contact SAF insurance **Infoline 6827 8000**. Our email address is **saf\_insurance@aviva-asia.com**

**Change of Interbank GIRO Account:**

1. You are advised not to terminate your existing bank GIRO account, until your new bank had validated and approved the new GIRO arrangement. If you have to terminate your current bank GIRO account, you would have to submit a cheque for 4 months' advance premium to be submitted together with this fresh GIRO application form.
2. Cheques must be crossed and made payable to **"Aviva Ltd"**. Please write your NRIC, full name, SAF Group Insurance and contact number on the reverse side of your cheque. **PLEASE DO NOT POST-DATE YOUR CHEQUE.** No receipt will be issued for cheque payments.