

## PAYMENT INSTRUCTION – PAYNOW / ELECTRONIC FUND TRANSFER (EFT)

### 1. POLICY INFORMATION

Full Name of Policy Owner: _____	NRIC / FIN/ Passport No: _____	Policy Number: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

### 2. PAYMENT OPTION (PLEASE TICK 1 OF THE BOXES BELOW)

**PayNow Registered with Singapore NRIC / FIN**

- PayNow account registered with mobile number will not be eligible.
- PayNow is only applicable for payout up to S\$200,000 to policy owner's Singapore bank account.
- In the event of an unsuccessful PayNow transaction, we will send a cheque to your mailing address as per our records.

**Direct Credit**

(Submit a copy of bank statement OR bank passbook showing account holder's name and account number)

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

- It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner. If the requirements for the Direct Credit are not met, we will send a cheque to your mailing address as per our records.

### 3. DECLARATION AND AUTHORISATION

1. I/We understand the contents of this form and confirm that I/we wish to perform the transaction selected above.
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
3. I/We shall serve on the Company any notice of assignment or reassignment before submission of this request, (if applicable).
4. I/We declare and warrant that I/We am/are not an undischarged bankrupt(s) and I or We have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me or us during that period.
5. I/We agree to indemnify and hold harmless the Company from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with the Company accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
6. I/We am/are aware that this form will not be effective until it is formally accepted by the Company.
7. I/We confirm that the above information is true and correct, and I/we authorise the Company to effect the request on my/our policy(ies).
8. I/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us, at anytime, for any reason.
9. I/We understand and agree that the submission of this form does not mean that the request will be processed.
10. I/We understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
11. I/ We understand that the Company shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me/us in this form. If a transaction is delayed or has not come into effect at all, due to incomplete or incorrect information, I/We shall not hold the Company responsible in any manner whatsoever.
12. I/We accept the payment in full and final discharge of all the amounts due and payable under the above numbered policy.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date (DD / MM / YYYY)

\_\_\_\_\_  
Contact No.

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