

DIRECT CREDIT INSTRUCTION FORM FOR CLAIM PAYMENT

Important Notes:

1. Please send the completed original form to us. We regret that we are unable to accept faxed or scanned copies
2. This instruction is valid only if the claim is approved and payment is to be made to you.
3. Please note that mobile number is mandatory for SMS notification in regards to your claim payment status.

Section 1: Claimant Details

Policy / Claim Number:

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Claimant Name: _____

ID Number: _____ ***Mobile Number:** _____

Section 2: Payment Instruction

Account Holder Name : _____

Bank Name : _____

Bank Code	Branch Code	Bank Account No																																			
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***All payments to you will be made in Singapore Dollar only.**

I/We certify that the bank account above is my/our organization's approved bank account. I/We undertake to accept full responsibility for claims payment credited to the above bank account. Amounts so credited shall constitute valid discharge of obligations due to us. This authorisation shall continue to be in force until I/we expressly revoke it via written notice to Etiqa.

In the event of a change of bank account, I/we shall inform Etiqa in writing 30 days in advance of the change.

I/We consent to the Bank's disclosure of customer information relating to me/us as requested in this document.

Claimant / Authorized Signatory Name	Date
Authorized Signatory's Designation (if applicable)	Organization's Stamp (if applicable)