

APPLICATION FOR INTERBANK GIRO



Important Notes:

- All fields are mandatory. Amendments made must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
- Please provide relationship and reason if Account Holder is different from Policy Owner and submit the Account Holder's identification.
- The approval process for the GIRO application will take approximately one month by bank.
- For POSB/DBS Account Holders, you can apply for GIRO via iBanking. Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as *Aviva IND HEALTH INS* → enter '**PGxxxxxxx**' as the reference number for Public Officers Group Insurance Scheme or '**0686xxxxxxx**' as the reference number for MINDEF & MHA Group Insurance Scheme. 'xxxxxxx' denotes your client reference number.
- Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

By completing this Application Form, I/We am/are instructing and authorising:

- Aviva to debit my/our bank account to pay for my policy/policies.
- The Bank to reject Aviva'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 Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- 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 Aviva.

Personal Data Consent

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

On behalf of myself and all proposed insured lives, I/we consent to Aviva disclosing and transferring my/our personal data to a new insurer selected by Public Service Division (PSD), Prime Minister's Office, MINDEF or MHA for the purpose of facilitating and/or administering insurance coverage with the new insurer.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Please complete this form and return original form to Aviva Ltd ("Aviva")

| | |
|---------------------------|---|
| Date (dd/mm/yyyy): | Billing Organisation: Aviva Ltd (Please tick where applicable) <input type="checkbox"/> MINDEF & MHA Group Insurance Scheme <input type="checkbox"/> Public Officers Group Insurance Scheme |
|---------------------------|---|

| | |
|---|--|
| Bank Name (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> RHB <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> Others: _____ | Signature(s) / Thumbprint(s) ^ (as in Bank's Record): |
|---|--|

| | |
|-----------------------------|---|
| Bank Account Number: | ^For thumbprint, please go to any branch of your bank with identification for verification. |
|-----------------------------|---|

| | | |
|---|----------------------------------|------------------------|
| Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr | Account Holder's NRIC(s): | Contact Number: |
|---|----------------------------------|------------------------|

| Name of Policy Owner: | Policy Owner's NRIC No. | Relationship to Account Holder | Reason if Account Holder is not Policy Owner |
|-----------------------|-------------------------|--------------------------------|--|
| | | | |

For Aviva's Completion

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|-------------|--------------------------|--------------------------------|
| SWIFT BIC | Aviva's Bank Account No. | Aviva's Customer Reference No. |
| DBSSSGSGXXX | 0039001886 | PG 0686 |

For Bank's Completion

To: Aviva Ltd
This Application(s) is hereby **REJECTED** (please tick) for the following reason(s):

| | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by Account Holder |
| <input type="checkbox"/> Account operated by Signature/Thumbprint# | <input type="checkbox"/> Others: _____ |

please delete where applicable

| | | |
|---------------------------|----------------------|------|
| Name of Approving Officer | Authorised Signature | Date |
|---------------------------|----------------------|------|

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