

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
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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):
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Bank Account Number:	<small>^For thumbprint, please go to any branch of your bank with identification for verification.</small>
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Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr	Account Holder's NRIC(s):	Contact Number:
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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

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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