

FUND TRANSFER REQUEST FORM

IMPORTANT: Statement Pursuant to Section 25(5) of the Insurance Act, Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

1 Requestor Information
A. DETAILS OF POLICY OWNER

Name of Policy Owner

Policy Number

NRIC / Passport No. / Entity Registration No.

B. DETAILS OF PAYEE

Name of Bank Account Holder

SMRT Buses Ltd

Nationality

☐ Singaporean

☐ Singapore PR

☐ Others, please specify:

~~NRIC / Passport No. / Entity Registration No.~~

Date of Birth

1982 02 29

Is the Payee under Section 1B the same as Policy Owner?

☒ Yes

☐ No

If No, please state the basis of this payment and attach supporting document(s) to this form:

2 Payment Instructions - Direct Fund Transfer (DFT)
☐ To link my DFT Account to my PayNow

- Please ensure that you have registered your NRIC / UEN with the bank.
- We will not be responsible for any delays if NRIC / UEN is wrong or not registered with any bank.

NRIC / UEN:

OR

☒ To link my DFT Account to my designated bank account

- This account must belong to the Policy Owner or the Payee stated under Section 1B (the "Agreed Payee").
- Please submit a copy of your bank book or recent bank statement for account verification (You need to circle the account for crediting if your statement shows more than 1 bank account).
- Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Name: PBS Bank Ltd

Bank Account Number: 018-002634-1

Email to notify on transfer: Jacqueline.ling1@smrt.com.sg

Note:

- These instructions will supersede any previous instructions (if any) regarding the mode of payment.
- DFT facility will not be applicable for any Policy that is the subject of a trust nomination created under Section 49L of the Insurance Act (Cap. 142).

Declaration & Acknowledgement

1. I/We understand the purpose and contents of this Fund Transfer Request Form and declare that the information above are true, correct and complete, whether written by me/us or by anyone else on our behalf and I/We accept full responsibility for them. I/We confirm that I/We would like China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") to perform the transaction selected above and acknowledge that CTPIS will not accept or process any incomplete form.
2. I/We confirm that the policy as identified by the Policy Number stated above (the "Policy") is owned by the Policy Owner stated above and has not been assigned to any other party. [Note: This declaration is only applicable to the Policy Owner or the authorised representative of the Policy Owner completing this form.].
3. I/We agree to indemnify and hold CTPIS harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with CTPIS accepting and acting on my/our instructions set out in this Fund Transfer Request Form (including where relevant, the use of the electronic banking services stated in this Fund Transfer Request Form to effect payment) except where such loss is attributable solely to the gross negligence or wilful default of CTPIS.
4. I/We authorise CTPIS to effect the payment in accordance with the instruction as set out in this Fund Transfer Request Form.
5. If I/We opt to link my/our DFT account to my/our PayNow, I/We agree to register for PayNow using my/our NRIC/UEN number (if this has not been done already) and for all payments to be paid via PayNow as per my/our instructions set out in this Fund Transfer Request Form. I/we further agree that any payment made via the PayNow facility to my/our NRIC/UEN number shall be good and valid discharge and full and final settlement of any liability and obligations of CTPIS.
6. I/We am/are aware that this Fund Transfer Request will not be effective until it is formally accepted by CTPIS.
7. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by CTPIS's Privacy Policy which is made available on our website at <http://www.sg.cntaiping.com/privacypolicy>, as may be amended from time to time.

I/We agree on my/our behalf (where I am the Policy Owner or the claimant) or on behalf of the Policy Owner/the claimant (if applicable, and where I/We am/are the authorised representative of the Policy Owner or the claimant) that CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/the Policy Owner or the claimant (where I/We am/are the authorised representative of the Policy Owner or the claimant), that is received by CTPIS in accordance the Privacy Policy set out under paragraph 7 herein. As far as reasonably possible, CTPIS will release such information to the parties specified in the Privacy Policy on a need to know basis and on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the applicable law.

Signature of Policy Owner / Agreed Payee¹

Date

14/09/21

¹ For entities, this form must be signed by the authorised signatory of the company and company stamp is required.