



GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The Policyholder/claimant has to complete <u>all</u>

AXA Insurance Pte Ltd 8 Shenton Way, #24-01 AXA Tower Singapore 068811

rearrie of Folicyfloide//Claimant:	completed by the Policyholder/Claimant)
Contact Person:	Lincoln Wong Zi Liong
Contact Number:	Chew Keong
Email Address:	97368619
(An auto-prompt email from the bank will	Chew Leong @ Supreme. Sg
Particulars of Policyholder/Claimant's	
Particulars of Policyholder/Claimant's Name of Bank:	
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Particulars of Policyholder/Claimant's Name of Bank: Bank Code: Bank Branch Code: Bank Account Number:	Bank Account

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such bank account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into the above bank account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing delivered to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.

In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("Purposes").

Authorised Signature & Company Stamp (as in bank records)

28/4/2021

Date



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