

**MSIG**

GIRO FUND TRANSFER / RENTAS FORM

F-FN-005A-V13

[Policyholders, Claimants, Intermediaries, Adjusters, Repairers, Solicitors, Third Party Administrators]

Please read the following instructions carefully before completing this form.

1. Type or write using **BLOCK LETTERS**.
2. Indicate only one (1) preferred bank account and it should be active.
3. Attach a legible copy of the top portion of the bank statement/relevant page of the savings account passbook which clearly indicates that the below mentioned account number belongs to you/your company.

1	Bank Account Holder Name :	
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2	Bank Name (Interbank Giro Participating Banks) :	
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3	Bank Account Number :	<input type="text"/>
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Please provide a relevant ID. The ID that you provide must be the same as appeared in your bank's record. Otherwise, the fund transfer will be **REJECTED** by your bank despite a correct bank account number. Eg. Your Business Registration number is 46983W and your banker's record is 046983W (with a zero in front).

4	RECIPIENT'S VALIDATION ID AS PER YOUR BANK'S RECORD [Indicate only one (1) and ignore dashes '-']	
4a	New IC Number :	<input type="text"/>
4b	Old IC Number :	<input type="text"/>
4c	Registration Number (Company/Business/Society/etc) :	<input type="text"/>
4d	Police/Army/Passport Number :	<input type="text"/>

Payment Advice (Notification of Payment) is to be emailed to :-

5a	Email Address (1) :	<input type="text"/>
5b	Email Address (2) :	<input type="text"/>

I/We hereby request that payment(s) due to me/us by MSIG Insurance (Malaysia) Bhd ("MSIG") be paid to my/our bank account stated above by way of Giro Fund Transfer/Rentas and confirm that :-

1. I/We consent to MSIG processing and disclosing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Giro Fund Transfer/Rentas.
2. All information provided herein is correct and accurate.
3. My/Our request herein shall be irrevocable unless with the consent of MSIG (which shall not be unreasonably withheld). MSIG may at any time, provided there is a need to do so, in its reasonable discretion effect payment(s) to me/us by other mode(s).
4. I/We shall keep MSIG and its banker(s) indemnified against any loss and/or damage arising from this Giro Fund Transfer/Rentas provided always that the loss and/or damage is due to the gross negligence or willful default on my/our part which include but not limited to error in information furnished, delayed payment(s) and any other circumstances beyond MSIG and its banker(s)'s control and directly caused by me/us.

Authorised Signatory(ies)

Company Stamp (COMPULSORY for companies, businesses, societies, etc)

Name :

Designation :

MSIG - Office Use

Map the above details to the following client code(s) :

1. 2. 3.

BEC Prevention Validation Results :

MSIG's Staff Name :		Date :	
<input type="checkbox"/> Validation Required (To complete details below)		<input type="checkbox"/> Validation Not Required	
Contact Person Name :		Confirmation Date :	
Mode of Validation	<input type="checkbox"/> Face-to-face		
	<input type="checkbox"/> Contact	Contact Number :	<input type="checkbox"/> Call
	<input type="checkbox"/> Fax	Fax Number :	<input type="checkbox"/> Text Message
	<input type="checkbox"/> Others	Please specify :	