

Policy No. **AUTO DEBIT INSTRUCTION FORM**

I hereby authorize and request Tokio Marine Life Insurance Malaysia Bhd. ("Company") to debit my account for the amount of the premium due as advised by the Company from time to time under my insurance policy(ies). I am fully aware that this authorisation is governed by the Terms & Conditions as specified in this Form.

PART 1: PARTICULARS		
Full Name of Account Holder as per NRIC/Passport		
NRIC No./Passport No.	<input type="text"/> (Notes: Please submit a copy of the Account Holder's NRIC or Passport if the Account Holder is not the Policy Owner / Life Assured)	
Handphone No.		
Email Address		
PART 2: APPLICATION FOR DIRECT DEBIT		
<input type="checkbox"/> New Application <input type="checkbox"/> Change of Account Details		
Name of Bank	<input type="text" value="RHB BANK BERHAD"/>	
Account Number	<input type="text"/>	
Policy No.	Full Name of Life Assured as per NRIC/Passport	Premium (RM)

Note: Should you have more than 5 policies, please complete another Auto Debit Instruction Form.

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> RECEIVED DATE </div> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> RECEIVED DATE </div> </div>	For Office Use:
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Policy No.
PART 3: AUTHORISATION BY ACCOUNT HOLDER

I have read and I fully understand the Terms and Conditions as stated overleaf. I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.

Signed at _____ (place) on _____ (date)

Signature of Account Holder

Name :

NRIC No.:

*Signature of Witness

Name :

NRIC No.:

Tel. No. :

***STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature in this form was made before me and that to the best of my knowledge it is the signature of the Account Holder.
2. The Witness must be at least 18 years of age and of sound mind.

Note: A copy of NRIC/Passport/Birth Certificate of the Account Holder is submitted for verification by the Company.

TERMS & CONDITIONS OF BANK ACCOUNT AUTO DEBIT PAYMENT

In consideration of the Company accepting this Auto Debit authorization, I agree to and accept the following terms and conditions:

1. The Company shall not be held responsible for any claims, loss, damage and/or expenses arising from the successful or unsuccessful processing of the debit due to exceeding credit limits, insufficient funds in my account, malfunction of system, electricity failure, and any other factors beyond the Company's control. I am, therefore, responsible to resolve all problems or dispute with my Bank arising from the processing or debiting of my Bank Account.
2. The Company shall not be required to enquire whether my signature in this application is the same as that in my Bank's record.
3. I will notify the Company in writing of any changes to my Bank Account or cancellation of this authorization at least one month before the next premium is due. Any change will only be effective after the Company has duly acknowledged receipt of such notice.
4. The Company may at its absolute discretion at any time terminate this arrangement without assigning any reason by giving me or the Policy Owner one month's written notice or change the Terms and Conditions herein without prior notice to me or the Policy Owner.
5. I hereby agree to keep the Company indemnified against any claims, loss, damage and/or expenses which the Company may suffer or incur as a result of the Company acting on my authorization.
6. In the event that any moneys are refunded by the Company for any reason, the Company is authorized to refund the moneys to me or the Policy Owner by crediting the said sum into my Bank Account and shall thereafter be fully discharged from all obligations pertaining to the same. Should any dispute arise, both the Policy Owner and I shall refer only to each other for remedies and resolutions.
7. The Policy Owner or I shall settle any outstanding premium until this authorization is effective.
8. Receipts will not be issued for premium payments made through this arrangement. I shall refer to my account statements or annual confirmation letter (statement for Income Tax) from the Company for confirmation of payments.
9. Unless and until the Company receives written notification of my death, incapacity or revocation of this authorisation, this authorisation will remain in force and effective.
10. The Company is under no obligation to honour a direct debit instruction unless there is sufficient available credit limit in my Bank Account at the time the payment is due. I am solely responsibly to ensure that there is sufficient credit available at all times in my Bank Account.
11. Insurance coverage will only commence from the date of approval of the application subject to full premium being paid.