

GIRO APPLICATION FORM



PART 1: Applicant Need to Fill in Part 1 Only

Date:

To: Name of Bank

Policy Number:

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Name of Insurance Company: **Please tick only one option**
☐ The Great Eastern Life Assurance Company Limited

☐ The Overseas Assurance Corporation Limited

Policyholder's Name:

NRIC/Passport No:

- I/ We instruct you to process the above Insurance Company's instructions to debit my/ our account.
- You are entitled to reject the Insurance Company's debit instruction if my/ our account does not have sufficient funds and charge me/ us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorization will remain in force until terminated by your written notice send to my/ our last address known to you or upon receipt of my/ our written revocation through the Insurance Company.

Bank Accountholder's Name

Telephone Number:

Office: _____

Handphone: _____ Home: _____

Bank Account Number:

Signature/ Thumbprint*/ Company Stamp:

(As in Bank's records)

Note:

- A separate application form is required for each policy
- Premium amount may be age dependent for health policies
- If you wish to repay your loan through Giro or change payment frequency, please complete Part 4 at the back of this form (Applicable for life policies only)

***For thumbprint, please go to any branch of your bank with identification document for verification**

PART 2: For Insurance Company's (Billing Organization's) Completion

Bank	Branch	GEL's A/C No. (Life)
7 1 7 1 0 0 1 0 0 1 0 5 4 5 6 2 0		

Bank	Branch	GEL's A/C No. (HAD)
7 3 3 9 5 0 1 0 3 6 9 2 5 0 0 8		

Bank	Branch	GEL's A/C No. (Life)
7 3 3 9 5 0 1 0 3 6 9 2 5 0 0 1		

Bank	Branch	OAC's A/C No.
7 3 3 9 5 0 1 1 2 5 6 7 8 0 0 2		

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Policy No.															

PART 3: For Financial Institution's Completion

To: Insurance Company (Billing Organization)

This Application is hereby REJECTED (please tick) for the following reason (s):

☐ Signature/ Thumbprint[#] differs from Financial Institution's records

☐ Wrong account number

☐ Signature/ Thumbprint[#] incomplete/ unclear

☐ Amendments not countersigned by customer

☐ Account operated by signature/ thumbprint

☐ Others: _____

Name of Bank Officer

Signature of Bank Officer

Date

Please delete where not applicable



Postage will be
paid by
addressee. For
posting in
Singapore only.

**BUSINESS REPLY SERVICE
LICENCE NO. 01008**



To: Customer Service
The Great Eastern Life Assurance Company Limited
1 Pickering Street #01-01
Great Eastern Centre
Singapore 048659

GIRO APPLICATION

Thank you for using GIRO – The Easy Way

GIRO gives you total convenience. It makes life easier by automatically deducting your premiums on time.

With GIRO you:

- save the trouble of remembering your premium due dates/ writing cheques
- ensure that your policy does not lapse/ come under Automatic Premium Loan
- avoid unnecessary late payment interest
- have peace of mind even when you are overseas

Once your application has been processed, simply ensure that you have sufficient funds in your bank account to cover your premium payments.

**PART 4: Fill in Part 4 if You Want to Change Payment Frequency or Repay Policy Loan
(Only Applicable for Life Policies, Not Applicable for Health, Accident and Disability Policies)**

To: Great Eastern Customer Service Department

Please deduct from the Bank Account as stated in Part 1 of the application form. (Please tick as required)

☐ For Change of Payment Frequency of premium ☐ monthly ☐ quarterly ☐ half-yearly ☐ yearly.

☐ For repayment of policy loan ☐ monthly ☐ quarterly ☐ half-yearly ☐ yearly.
Loan Repayment of S\$ _____ (Minimum \$50) (Not applicable for OAC policies)

Note:

1. Either the Account Holder(s) or the policyholder can subsequently inform the insurance company in writing to alter this instruction which will supersede any existing arrangement then.
2. If your premium should alter later due to changes in policy contractual terms, the amount deducted will be changed.

(To be signed by Policyholder)