

Great Eastern General Insurance (Malaysia) Berhad (102249-P)

(Formerly known as Overseas Assurance Corporation (Malaysia) Berhad)

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General Line: +603 4259 8888 Fax: +603 4813 0055

Customer Service Careline: 1300-1300 88

Website: www.greasterngeneral.com

**DIRECT CREDIT FACILITY FORM****Important Notes:**

- 1 This Direct Credit facility is only available for accounts maintained in banks participating in the Interbank GIRO payment system (IBG) in Malaysia.
- 2 This Direct Credit facility is not allowed for any joint bank accounts unless the Policy Owner/Payee is the primary account holder.
- 3 We reserve the right to release payment by cheque in the event of (a) insufficient/incorrect information having being provided in this Direct Credit Facility form. (b) payment being made to joint Payees (e.g. joint administrators or joint executors), and/or (c) failure of transfer to the beneficiary bank for any reason whatsoever.

Payee* refers to any person/company who is the person entitled to the Policy monies, e.g. policyholder, claimant, nominee, assignee, trustee, Public Trustee/Amanah Raya executor/executrix, administrator/administratrix, or for group employee benefit policies, employer. In relation to a Payee who is a minor, payments shall only be made to accounts maintained by the parent or lawful guardian.

Name of Policy Owner/Payee* _____

NRIC No./Company Registration No. _____ *same as in Policy and Bank Account*

Policy No./Cover Note No./Claim No. _____

Beneficiary Bank _____

Bank Account No. _____

Account Type

☐

Single Account

☐

Joint Account

(Only allowed if Policy Owner/Payee is the primary account holder)

Email Address (mandatory) _____

POLICY OWNER/PAYEE AUTHORIZATION**I/We hereby:**

- 1 Instruct the Company to pay into my/our Account all the future amount payable to me/us arising from transactions effected through the above policy(ies) until this instruction is expressly revoked in writing or replaced.
- 2 Confirm that I am the Account holder and have full power and authority to operate the Account/[in respect of a partnership or a body corporate], we further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
- 3 Understand that the Company has the right to reject this standing instruction in the event that it is found to be payable to a third party account. I / We also understand that the Company may in its absolute discretion terminate this Direct Credit service at anytime and without assigning any reason(s) therefor.
- 4 Confirm that the information provided by me/us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my/our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
- 5 Agree to immediately refund to the Company in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
- 6 Declare that in relation to payments made by the Company into the above Account, I / We:
 - a. acknowledge and agree that payments made by the Company into the above-mentioned Account shall be a valid discharge of the Company's liability under the policy(ies), and that the Company shall not be liable for any damages, losses, claims, costs and/or expenses which may incur arising from such payments.
 - b. agree to keep the Company indemnified of any damages, losses, claims, cost and/or expenses incurred by the Company in defending any claim arising from and/or in connection with this instruction.
- 7 Declare that I am not an undischarged bankrupt/[in respect of a partnership or a body corporate]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
- 8 Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Company for the purposes relating to the payment of funds in accordance with my/our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.

Signature of Payee*_____
Signature of Witness

Name: _____

Name: _____

Date: _____ (DD/MM/YY)

NRIC No.: _____

Contact No: _____

Address: _____