



**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.

<b>1</b>	Bank Account Holder Name	:	
<b>2</b>	Bank Name <small>(Interbank Giro Participating Banks)</small>	:	
<b>3</b>	Bank Account Number	:	<input type="text"/>

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).

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

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

<b>5a</b>	Email Address (1)	:	<u>swahanamusa@perinsuran.com</u>
<b>5b</b>	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 :	