

Part 1: For Applicant's Completion (Fill in the spaces indicated with ✓)

Date: ✓ _____	Name of Billing Organization: Liberty Insurance Pte Ltd
Name of Bank: ✓ _____	Liberty's Customer's Name: ✓ _____
Branch: ✓ _____	Liberty's Policy Number/Type of Insurance: ✓ _____
a) I/We hereby instruct you to process the Liberty Insurance Pte Ltd's ("Liberty") instructions to debit my/our account; b) You are entitled to reject the 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 charge accordingly; c) This authorization will remain force until terminated by either party's written notice to each other at least 30 days prior to the intended date of termination; d) The use of correction tape is not allowed. Amendments made on this form must be countersigned by applicant;	
We would like to advise that: 1. Unless otherwise informed by us in writing before the policy renewal date, the policy will be automatically renewed on an annual basis upon successful deduction of the premium due. A policy schedule will be sent to you on successful renewal of the policy. 2. Premium deduction from your nominated bank account will take place on the 5 th of the month, one (1) month prior to the month of the policy expiry. A second deduction will be made on the 25 th of the same month if the earlier deduction is unsuccessful. Deduction will be carried out on the next business day if it falls on a non-business day or public holiday. Please ensure there is sufficient fund in your nominated bank account. 3. In the event both deductions are unsuccessful, we will notify you by mail for your alternative payment instructions by cash, cheque or credit card. 4. No receipt will be issued for GIRO deduction.	
My/Our Name(s): ✓ _____	My/Our Contact (Tel/Fax) Number(s): ✓ _____
My/Our Account Number: ✓ _____	My/Our Company Stamp/Signatures(s)/Thumbprint*: (As in Financial Institution's records) ✓ _____

Part 2: For Liberty's Completion

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 70%;">Liberty's Bank Account No.</th> </tr> <tr> <td style="text-align: center;">7 1 7 1</td> <td style="text-align: center;">0 0 3</td> <td style="text-align: center;">0 0 3 9 2 2 5 7 4 1</td> </tr> </table>	Bank	Branch	Liberty's Bank Account No.	7 1 7 1	0 0 3	0 0 3 9 2 2 5 7 4 1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="12" style="text-align: center;">Liberty's Customer Reference Number</th> </tr> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>	Liberty's Customer Reference Number																							
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Part 3: For Bank's Completion

To: Liberty Insurance Pte Ltd
 c/o Cheque & Giro
 Giro Application
 DBS Bank, 2 Changi Business Park Crescent
 #07-05, DBS Asia Hub, Singapore 486029

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

<input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records	<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Wrong account number	<input type="checkbox"/> Others: _____

Name of Approving Officer	Authorized Signature	Date
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* For thumbprints, please go to the branch with your identification.

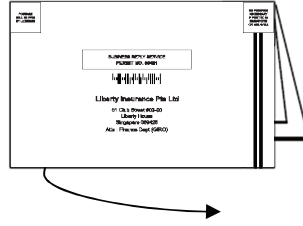
Please delete where inapplicable.

I/We give consent to Liberty and its employees, related companies, agents and service providers to collect, use and disclose all personal data for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to premium payment, collection, accounting, audit, compliance, regulatory, research, analysis, verification, and dispute resolution. W/We have read and agreed to the terms of the full policy at <https://www.libertyinsurance.com.sg/data-protection-policy/>. If any personal data furnished is not about me/us, I/we warrant that I/we have obtained consent from the data subject (or if lacking in legal capacity, his/her representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We warrant that all personal data I/we have provided are accurate and complete, and I/we will inform Liberty of any changes to the data as soon as possible.

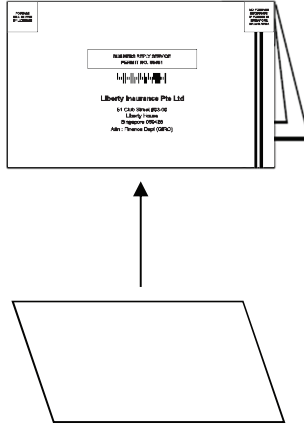
Please print this page on a separate piece of paper and fold it into an envelope by following the instruction below. Please do not print the page on the reverse side of the GIRO form. This is to prevent the form from being torn during the mail handling process.

3 easy steps to use this postage-paid return envelope:

1) Fold along the dotted line with the mailing details exposed.

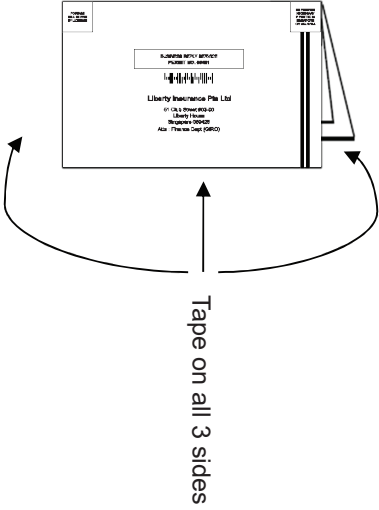


2) Fold your GIRO application form into smaller piece and insert within the envelope.



Fold along the dotted line

3) Seal all 3 sides with clear tape.



Tape on all 3 sides

POSTAGE
WILL BE PAID
BY LICENSEE

NO POSTAGE
NECESSARY
IF POSTED IN
SINGAPORE
OR MALAYSIA

BUSINESS REPLY SERVICE
PERMIT NO. 00481



Liberty Insurance Pte Ltd

51 Club Street #03-00
Liberty House
Singapore 069428
Attn : Finance Dept (GIRO)