



SERVICE FORM

IMPORTANT: Kindly complete this form indicating your specific service request. Ensure you present this service card to the respective counter upon service.

Date.....

Name of policyholder:.....

Policy Number ID Number

Bank Name Branch

Bank account number

Employment Staff Number Department Number

Mobile Number Email

Postal Address Postal code

Type of Enquiry (Tick as Appropriate)

- 1) I wish to apply for a **policy loan** against my policy (**WP & PAIC**). Please attach a copy of your ID.
- 2) I wish to apply for a **cash bonus withdrawal** against my policy (**FFP**). Please attach your ID copy.
- 3) I have not received my policy document.
- 4) I wish to report a road accident/assault which occurred on
- 5) I wish to report death which occurred on

Name, address & telephone number of claimant

- 6) Please issue me with a **premium / loan statement** (underline the applicable one).
- 7) Refund premiums erroneously deducted.
- 8) Other (Please specify)

Yours sincerely

Signature of policyholder / claimant