



DISPUTE FORM PART 1: PARTICULARS OF PAYMENT MADE TO INCORRECT POLICY	
1. Request Date	/ / d d m m y y y y
2. Payor Name	
3. Payor NRIC	
4. Payment made via:	Jompay M2u (Online) BSN (OTC) Others *Branches Counter CASH CHEQUE CREDIT/DEBIT CARD *Only applicable for prior day transaction made over the branches counter.
5. Transaction details	Payment Date : Amount (RM) : From Incorrect Policy : To Correct Policy : Purpose of Request : Multiple Transactions or (Please tick and fill up Appendix A)
6. Contact Number (Requester)	
7. Document Required	PLEASE ATTACH SUPPORTING DOCUMENT(S) : Transaction Slip / Bank in Advice / Proof of Payment/Official Receipt for Branches Counter Transaction





PART 2: DECLARATION

I/We hereby authorise Tokio Marine Life Insurance Malaysia Bhd. ("TMLM") to process my/our request for the insurance policies as disclosed above.

I/We hereby understand and agree that in the event this request is found not to be genuine, TMLM reserved the right to deduct the said sum from my policy or request that I refund the said sum to TMLM. I hereby agree to keep TMLM indemnified against any claims, loss, damage and/or expenses which TMLM may suffer or incur as a result of TMLM acting on my request.

I/We understand and agree that the information I/we supply will be collected, used and processed by Tokio Marine Life Insurance Malaysia Bhd. ("TMLM"), its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate TMLM's function as an insurance company. I/We have a right to obtain access to and to request correction of my/our personal information held by TMLM by contacting TMLM's Customer Service Representatives.

I/We understand that I/we can visit TMLM's Corporate Website (<https://www.tokiomarine.com/my/en/life/privacy-policy.html>) for a full copy of TMLM's Privacy and Data Protection Policy.

Signature of Policy Owner/ Person Paying on Behalf (if not owner)

Name :
NRIC :
Date :

For OFFICE Use Only

Received By (Name):

Date:

Signature:

Branch:

Appendix A - Multiple Transactions

Payor Name:

NRIC:

No.	Payment Date (dd/mm/yyyy)	Amount (RM)	From Incorrect Policy	To Correct Policy	Purpose of Request
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					