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)** : _____ **Multiple Transactions** or **(Please tick and fill up** **From Incorrect Policy** : _____ **Appendix A)** **To Correct Policy** : _____ **Purpose of Request** : _____
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

Tokio Marine Life Insurance Malaysia Bhd. (457556-X)
Ground Floor, Menara Tokio Marine Life,
189, Jalan Tun Razak, 50400 Kuala Lumpur.
T : (603) 2059 6188
F : (603) 2162 8068
tokiomarine.com

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PART 2: DECLARATION

I/We hereby authorize 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 authorized 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:

Version: 2021 v1

TOKIO MARINE
INSURANCE GROUP

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					

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