

Registration & Modification Form (Lawyer & ARC)

(Please fax completed form to 6224 0030 / email to sg-support@merimen.com)

Section 1		Company Information	
Company Name:			
Co Registration No:			
GST No :			
Address:			
Postcode/Zip code:		Country:	
Telephone No:		Fax No:	
Contact Details :	Name :		
	Designation :		
	Email :		
Section 2		Setup Information	
Account Type:	<input type="checkbox"/> ARC <input type="checkbox"/> Lawyer <input type="checkbox"/> Others : _____		
Requested Functions:	<input type="checkbox"/> Subscribe <input type="checkbox"/> Unsubscribe	TP Accident Report Search / Purchase ¹	
	With effect on		

¹ A monthly subscription fee of \$40 is applicable

Section 3 Acknowledgement

I, _____ hereby declare that I am authorized to sign on behalf of the company listed in Section 1 above to register and agreed to the PDPA terms as below.

Authorized signature: _____

Name: _____

Designation: _____

Date: _____

Company Seal/Chop: _____

Privacy Statement

By interacting with, submitting information to or signing up for any organised activity offered by General Insurance Association of Singapore ("GIA"), you agree and consent to GIA collecting, using, disclosing and sharing of your personal data, for the purpose of engagement, operational planning of activities, as well as communication of events and programmes information. GIA respects personal data and privacy, and will only share such information with third parties on a required basis. Should you wish to withdraw or limit your consent, please write with full particulars to our Data Protection Officer.

FOR INTERNAL USE ONLY

Verified by / Date	Completed by / Date	Contacted Customer / Date
Remarks		