

RHBI COV-AID Premium Instalment Scheme Application Form

Section 1: General Information:

1	Agent/Broker Name	
2	Agent/Broker Code	
3	Servicing – Person in Charge	
4	Insured Name	
5	Insured Email Address	
6	Insured Telephone Nos.	Office : Handphone :
7	Policy Number	
8	Insurance Period	to
9	Class of Insurance	
10	Policy Premium	
11	Insured Occupation/ Nature of Business	
12	Describe how your business or income is affected by COVID-19	

Section 2: Submission

Requestor	
Name (Insured/Agent/Broker)	_____
Date	_____
Servicing – Person in Charge:	
Name	_____
Position	_____
Dept.	_____
Date	_____
Recommended (Section Head)	
Name	_____
Position	_____
Dept.	_____
Date	_____