

**AUTHORISATION FORM**  
**JOINT ACCOUNT / POLICY HOLDER / INSURED / BENEFICIARY**

**To: FINANCIAL INDUSTRY DISPUTES RESOLUTION CENTRE LTD (FIDReC)**

I/We am/are the Joint Account Holder/ Policyholder/ Insured/ Beneficiary of account/ policy number(s)

.....

<b>S/N.</b>	<b>Name of Joint Account Holder/ Policyholder/ Insured/ Beneficiary</b>	<b>NRIC/ FIN/ Passport No</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		

\*Please upload a copy of your NRIC (front and back) as supporting document.

I/We hereby acknowledge and authorise our Joint Account Holder/ Policyholder/ Insured/ Beneficiary

..... (Name of Complainant) of NRIC / FIN / Passport No.

..... to file a complaint with FIDReC on my/our behalf.

**AUTHORISATION FORM**  
**JOINT ACCOUNT / POLICY HOLDER / INSURED / BENEFICIARY**

I/We hereby confirm that I/We have read, understand and agree to the following:

- (1) I/We have referred our complaint to the insurance company/ bank/ other financial institution ("FI") concerned and have not obtained a resolution to our satisfaction.
- (2) I/We understand that FIDReC's Adjudication awards are limited to S\$150,000 for all claims, but that I/We can refer a claim for a larger sum to FIDReC, provided I/We agree to reduce our claim to S\$150,000.
- (3) I/We agree and authorise FIDReC to provide copies of this Dispute Resolution Form and all supporting documents to the Insurer/ FI for their investigation.
- (4) I/We also authorise the Insurer/ FI to release such information as may be required by FIDReC to process this complaint.
- (5) I/We agree and consent that in the event that our claim proceeds to adjudication, this Dispute Resolution Form, together with the supporting documents which I/We submitted to FIDReC will be given to the Insurer/ FI as part of the First exchange of documents.
- (6) The obligation of confidentiality is a cornerstone of FIDReC's work and processes. This obligation is shared by myself, the Eligible Complainant as well as the bank / insurance company / other FI, and, for the avoidance of doubt, any breach of the obligation of confidentiality by me is enforceable by the Eligible Complainant, FIDReC and the bank/insurance company / other financial institution. This obligation must be strictly upheld at all times, so as to ensure a conducive and / or viable environment for the amicable and fair resolution of disputes / complaints. This would be to the benefit of both consumers and the bank / insurance company / other FI.
- (7) FIDReC takes a very serious view of any breach of confidentiality by any party, and will act without delay to vigorously enforce this obligation.

- (8) Save as shall be required under any written law or rule of law, an order of court, or as necessary to implement and enforce any settlement agreement or adjudication award, I/We shall keep wholly and strictly confidential and not use for any collateral or ulterior purpose in any other proceeding, and shall not disclose / divulge the same (whether expressly or impliedly) to any third party:
- (i) the fact that mediation / adjudication is to take place, is in progress or has taken place;
  - (ii) what transpired during the mediation and / or adjudication;
  - (iii) any views expressed, or suggestions or proposals for settlement made by any party in the course of mediation and/or adjudication;
  - (iv) proposals suggested or views expressed by the Mediator or Adjudicator;
  - (v) where the Complainant does not accept the ruling / finding of the Adjudicator or Panel, the fact that the Adjudicator or Panel has made the ruling / finding, and / or the substance and / or terms of the ruling/finding, and / or that the Complainant did not accept the ruling / finding;
  - (vi) all materials and information (whether oral or in writing) produced for or arising in relation to the mediation and / or adjudication, including but not limited to any settlement agreement (and the substance and / or terms thereof), except as directly necessary to implement and enforce any such settlement agreement; and
  - (vii) all information, documents, correspondence (including emails), issues / matters discussed, proposals and counterproposals, adjudication awards etc.
- (9) My/Our obligation of confidentiality is not affected, and would continue with full force and effect after the conclusion of FIDReC's mediation and / or adjudication processes.
- (10) In the event of any breach of the obligation of confidentiality on our part, FIDReC reserves the right at its full discretion, to discontinue the mediation / adjudication process with immediate effect, and / or to institute legal action (including but not limited to applying for an injunction and / or seeking damages).

- (11) I/We hereby expressly acknowledge and agree that any breach of our obligation of confidentiality constitutes a loss which cannot be reasonably or adequately compensated in damages. I/We expressly agree that in event of any such breach, FIDReC and / or the bank / insurance company / other financial institution shall be entitled to the remedy of injunction (in addition to any other remedy available at law or in equity). FIDReC and / or the bank / insurance company / other financial institution shall also be entitled to recovery of legal cost (on a full indemnity basis).
- (12) By providing the information in this document, I/We consent to FIDReC collecting, using and disclosing our personal data for the purpose of FIDReC following up on this complaint, doing anything necessary relating to or in connection with the handling, investigation, mediation and/or adjudication of the complaint/financial dispute referred, and otherwise in accordance with FIDReC's Personal Data Policy (which I have had an opportunity to view on the website <https://www.fidrec.com.sg/knowledgebase/article/KA-01166/en-us>)
- (13) I/We accept and be bound by confirm that I/We have read, understood and agree to ALL the Terms of Use relating to the use of this Dispute Resolution Form as set out on FIDReC's website at <https://www.fidrec.com.sg/knowledgebase/article/KA-01003/en-us>.

.....  
Signature of all Joint Account Holder/ Policyholder/ Insured/ Beneficiary

Name:

Date:

NRIC/ FIN/ Passport No.:

Contact No.:

Email: