

E PAYMENT TRANSACTION DISPUTE FORM

DATE	D	D	M	M	Y	Y	Y	Y

Transaction Account No. (Protected Account)																			
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To
SBI Singapore

I/ We wish to raise dispute in respect of above affected account for E-Payment as per following information:

Primary Account Holder's Identification	:	Name	Full Name		
		ID Type	ID Number		
Joint Account Holder's Identification	:	Name	Full Name		
		ID Type	ID Number		
If used by any user of account, Name & Identity of the User	:	Name	Full Name		
		ID Type	ID Number		
The type of authentication device, access code and device used to perform the payment transaction	:	Pl specify type of device used for disputed E- payment			
		Authentication Device			
		Access Code			
If authentication device/ access code was lost/ misused, Please advise details	:	Date and time it was lost	Date	Time	
		Date & time it was reported to Bank	Date	Time	
		Date & time and method it was reported to Police.	Date	Time	Method
Recording/ safekeeping of Access Code	:	How was the Access Code Recorded			
		Whether it was disclosed to anyone	Pls Tick	Yes	No
Any other relevant information	:				

Note: Please read the Declaration on Page 2 carefully and sign at the specified place.

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DECLARATION

1. I/ We confirm and undertake that I/we have read and understood the MAS E-payment User Protection Guidelines available at MAS website. A link to the guidelines is displayed under News & Announcements section of SBI website: <https://www.sbisings.com>
2. I/ We understand that as users we have to ensure that our contact details are up to date with the Bank; I/ we have to always monitor our notifications; we need to report any unauthorized transactions promptly to Bank and that I/ we have to keep my/ our passcodes safe.
3. The report to Bank will be made through Helpline/ Email/ Personal visit to any of our branches and will ensure for Bank's acknowledgement of the receipt of such report.
4. I/we understand that Bank may complete an investigation of any relevant claim **within 21 business days for straightforward cases or 45 business days for complex cases.** I/ we will provide all information required by Bank in the process of this investigation. If investigation requires from me/ us to make a police report to facilitate its claims investigation process, I/ we will arrange for the same.
5. I/we understand that I/we are liable for actual loss arising from an unauthorised transaction where any account user's recklessness was the primary cause of the loss. I/we are expected to provide the bank with information the Bank reasonably requires to determine whether any account user was reckless.

SIGNATURE			
	FIRST/ SOLE HOLDER	SECOND HOLDER	THIRD HOLDER

For Bank's Use

Dispute Claim Form Received on	:	Date	Time
Dispute Claim Form sent to Back Office on	:	Date	Time
Additional information requested from Customer on	:	Date	Time
Additional information received from Customer on	:	Date	Time
Dispute Claim Settled on	:	Date	Time
Disposal Remarks	:		

Branch official _____

Signature _____

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Helpdesk: 1800-724-7464 (Mon to Fri: 09:30 AM – 05:45 PM & Sat – 09:30 AM – 12:30 PM)

Phone : +65 6228 1116, Email: contactus@sbising.com; helpdesk@sbising.com

State Bank of India Co. Reg. No. 577FC26700 Jun 2019