|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLAIMANT DETAILS *(ALL fields are MANDATORY)*** | | | | | | | | | | | | | | |
| **NAME (per NRIC)** |  | | | | | | | | | **PS CODE** | |  | | |
| **BRANCH** |  | | | | | | | | | **H/P** | |  | | |
| **PAYABLE TO** | ***(PLEASE SPECIFY IF CLAIMANT DETAILS DIFFERS)*** | | | | | | | | | | | | | |
| **EVENT DETAILS** | | | | | | | | | | | | | | |
| **TOPIC** |  | | | | | | | | | | | | | |
| **DATE** |  | | | | **PURPOSE** | | |  | | | | | | |
| **VENUE** |  | | | | **CLIENT NAME** | | |  | | | | | | |
| **EVENT COSTS** | | | | | | | | | | | | | | |
| **TOTAL COST** | $ | | | | | | | | | | | | | |
| **CO-PAYMENT**  **(TO INVOICE)** | 1. Company: |  | | Contact Person: | | |  | | | | Amount: | | | $ |
| 1. Company: |  | | Contact Person: | | |  | | | | Amount: | | | $ |
| 1. Company: |  | | Contact Person: | | |  | | | | Amount: | | | $ |
| **1/3 REIMBURSEMENT**  **by PIAS** | $ | | **MINIMUM**  **1/3 REIMBURSEMENT**  **by PRODUCT PROVIDER** | | | $ | | | **TOTAL REIMBURSEMENT**  **(PIAS/PROVIDER)** | | | | $ | |
| **PIAS OFFICE USE** | | | | | | | | | | | | | | |
| **BUSINESS DEVELOPMENT DEPT** | | | | | | | **FINANCE DEPT** | | | | | | | |
| **ACKNOWLEDGED BY:**   * Checked to the record * Completion of the invoices & receipts * Validity of the claims   NAME & SIGNATURE / DATE  MANAGER, BUSINESS DEVELOPMENT | | | **APPROVED BY:**  NAME & SIGNATURE / DATE  HEAD OF BUSINESS DEVELOPMENT | | | | **VERIFIED BY:**   * Completion of the invoices & receipts * Validity & completion of the invoices & receipts * Billed the providers   NAME & SIGNATURE / DATE  FINANCE | | | | | | | |

**NOTE**

1. PIAS will co-pay 1/3 of the amount up to a limit of $500/- only per event/seminar. **Strictly** one claim form per event/seminar.
2. Kindly attach ORIGINAL invoice(s) and receipt(s) to the claim form for submission to your BDM. Forms with insufficient information & invalid documents (ie original invoice(s) and receipt(s)) will be returned.
3. Claims must be submitted within TWO months from the date of event/seminar.
4. Submission cut off date to BD will be on the 20th of EACH MONTH. Reimbursements will be credited into Adviser’s account by the following month through Giro payment. Payments will be made only to the adviser who made the claim, not to any other third party.
5. For reimbursements that require PIAS to bill Providers, the amount will be made payable to FARs only upon receipt of the payment from Providers.
6. PIAS reserves the right to amend the terms and conditions.