

Credit Card Authorisation Form

PERSONAL DETAILS			
Name of Insured (as per NRIC):		Contact No.:	
Policy Number & Vehicle No.:		Premium Amount:	
CREDIT CARD DETAILS (FOR FULL PAYMENT OF PREMIUM) - APPLICABLE FOR ALL CARD TYPE			
Name on Credit Card:		Relationship to Proposal (If different from Policyholder):	
Payment by: <input checked="" type="checkbox"/> Master <input checked="" type="checkbox"/> Visa	Credit Card No.: CVV		Expiry Date:
CREDIT CARD DETAILS (FOR 0% INTEREST INSTALLMENT PLAN) - MAYBANK CREDIT CARD ONLY			
Name on Credit Card:		Relationship to Proposal (If different from Policyholder):	
Maybank Credit Card No.:		Expiry Date:	
Instalment Plan (0% interest fee) Maybank Credit Card ONLY		Instalment period <input checked="" type="checkbox"/> 6 months <input checked="" type="checkbox"/> 12 months	
<p>I understand and agree:</p> <ol style="list-style-type: none"> That the premium payment in respect to my insurance policy with "Etiqa Insurance Pte. Ltd." will be charged to the Credit Card account nominated by me as above, at the interval indicated by me, in the proposal form for insurance. In the event of a change in premium, the amount that will be deducted to my credit card will be the premium as applicable. This may be different from the premium paid by me till date. I agree and accept that no fresh authorisation will be required and taken. That the Premium Payment Notice will not be sent to me as the amount will be deducted to my Credit Card account. The installment plan is only applicable for policy premium of at least \$300 per annum. To inform the Company, in writing, if the nominated Credit Card account is cancelled, substituted or not renewed and to make alternate arrangement to pay premium to the Company on or before the due date to keep the Policy/ies in force. I undertake to submit fresh copies of the front side of the new Credit Card in case of Credit Card subscription renewal. To unconditionally honour and pay without contest, the premium amount when I am billed for the same by the aforementioned issuing bank. I hereby declare that I understand and agree to the above terms and conditions. 			
Signature of Cardholder		_____ Date	