



Allianz Insurance Singapore Pte. Ltd.

CREDIT CARD AUTHORISATION FORM

Important Notes:

- Any amendment must be countersigned by Cardholder.
- All prevailing foreign exchange rates to be incurred arising out of this authorisation form will be fully borne by the Cardholder and/or Policy Owner.
- Policy Owner's mobile number and email address provided will replace our records accordingly.
- All applicable refunds shall be made payable to the Cardholder.
- This authorisation form shall apply only to policies with premium payment methods by VISA / Master credit card and premiums are expressed in Singapore Dollars.
- Premiums that are charged to the Cardholder's credit card exceeding its credit limit available at the time of debit will be rejected. The Cardholder shall ensure that his / her credit limit is sufficient for the deduction.
- This authorisation will be rejected if any of the fields is not completed.
- Representatives are not allowed to pay premiums in any form for Policy Owner, whether in cash, cheque, credit card, or electronic means, with or without their knowledge or consent.
- Each of the specific authorisations set out above shall be in addition to any other consent and/or disclosure that the Applicant may have provided to Allianz Insurance Singapore Pte. Ltd. ("Allianz").
- All forms pre-dated more than 14 days or post-dated from the date of submission shall be rejected.

SECTION A – POLICY DETAILS

If Cardholder differs from Policy Owner, please indicate relationship for third party payment. Cardholder's identification documents are to be submitted with this application.

Name of Policy Owner As per NRIC/Passport (PP)		Policy Owner's NRIC/PP No. Last 3 digits + Alphabet (ie. 123A)	
Policy or Cover Note No.	Product & Plan Type	Premium Amount SGD incl GST	Relationship to Cardholder
Policy Owner's signature		Payment Frequency Monthly only applicable for SCB credit cards	
		<input type="radio"/> Monthly - 6	<input type="radio"/> Monthly - 12
		<input type="radio"/> Full Premium	

SECTION B – AUTHORISATION AND DECLARATION

- I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Allianz.
- I/We consent to Allianz (and its related companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Allianz.
- I/We also consent to Allianz (and its related companies) disclosing and transferring my/our personal data to Allianz (and its related companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- I/We have read and understood Allianz's Privacy Policy which may be found at <https://www.allianz.sg/Privacy-Policy.html>. Allianz's Privacy Policy may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.
- I, the Cardholder, understand that should payment not be successfully effected pursuant to this authorisation for any reason, Allianz shall under no circumstances be held responsible or liable in any manner whatsoever including any subsequent expiry of the policies due to late or non-payment of premiums.
- I understand that if the Cardholder is not the Policy Owner, the Cardholder shall have no rights under the Contracts (Rights of the Third Parties) Act to enforce any of the terms and conditions of the policy(ies).
- This authorisation shall be binding and remain valid, notwithstanding death of the Cardholder, irrespective whether or not these form/aforesaid policies are accepted by Allianz.

SECTION C – CREDIT CARD ACCOUNT DETAILS

Visa / Mastercard Authorisation (This authorisation supersedes any previous instruction)

I authorise Allianz Insurance Singapore Pte. Ltd. to charge the premium(s) to my credit card account for the above insurance policy(ies).

Cardholder's Name as per Bank's record	Cardholder's NRIC/Passport (PP) No.	Issuing Bank
		<input type="radio"/> Monthly - 6 } Standard Chartered Bank
		<input type="radio"/> Monthly - 12 } Credit Cards Only
		<input type="radio"/> Full Premium (kindly indicate Issuing Bank below)
Credit Card Number Only Visa or Mastercard		CVV: _____
Cardholder's Signature	Mobile Number +65	Expiry Date (mm/yy)
	Email Address	Date of Submission