



CREDIT CARD PAYMENT INSTRUCTION

Name of Insured :

Type of Insurance :

Policy Number :

Period of Insurance:

I hereby authorise the premium due to MSIG Insurance (Singapore) Pte. Ltd. to be charged to the VISA/MasterCard Card Account specified below.

Name of Bank :

Name of Card Holder:

Card Account No : ---

Card Expiry Date : /
Month Year

This credit card

- belongs to the insured
- belongs to someone other than the insured

Please state relationship to insured:

Signature of cardholder: Date:

Note: Please return this payment instruction together with your signed proposal form/policy instruction.

For Office Use

	P400 / G400 / SAP (Please circle)
Business Unit (BU) :	
Name of BU Staff & Signature:	
Other remarks:	
Total Premium Amount:	
Client No/ BP No:	
Policy No/ Cover Note No:	
Agent Account Code/ BP of intermediary:	Quotigo - 156391
Name of Cashier and Date processed	