CREDIT CARD PAYMENT AUTHORISATION FORM

Please complete this form and return to **TOKIO MARINE INSURANCE SINGAPORE LTD.**

20, McCallum Street, #09-01 Tokio Marine Centre, Singapore 069046

Tel: 6221 6111 Fax: 6410 9329/ 6224 0895

Date: _____

POLICY DETAILS

NAME OF POLICYHOLDER

POLICY NUMBER (if applicable) - -

AGENCY/ BROKER'S CODE:

PERIOD OF INSURANCE (DD-MM-YYYY)

From - - To - -

CREDIT CARD INFORMATION

I hereby authorize Tokio Marine Insurance Singapore Ltd. to debit my Credit Card account for payment of premium due on the policy as stated below.

Please tick (✓) one of the options below:

☐ **ONE (1) TIME PAYMENT** (VISA or MASTERCARD ONLY)	**FOR SIX (6) MONTHS INSTALMENT PAYMENT FOR PREMIUM $500 & ABOVE** ☐ UOB CARD

CARD NUMBER: - - -

EXPIRY DATE: - (MM-YYYY) PREMIUM AMOUNT: $

PERSONAL DETAILS OF CARDHOLDER

CARDHOLDER'S NAME:

CONTACT NUMBERS:

6 (Home) (HP)

TERMS AND CONDITIONS

1. Credit card payment is only acceptable for policies issued in **personal name/ sole proprietor**.
2. We will only accept credit cards in the name of the Insured/ Policyholder or their spouse.
3. Should the payment transaction fails you will be notified to pay the premium in cash or by cheque immediately, otherwise your insurance may be affected.
4. In the event that you voluntarily terminate the IPP transaction, an administrative fee will be charged by the credit card company.

_____ Cardholder's signature

_____ Date