

**PREMIUM PAYMENT INSTRUCTION FOR CREDIT CARD DEDUCTION**

Agent Account Code: \_\_\_\_\_

To: NTUC Income Insurance Co-operative Ltd

I hereby authorise NTUC Income to charge my credit card (detail below) for the insurance premium due.

**Payment Instruction**

Name of Policyholder (as shown in NRIC)	
Contact No. (O) _____ (H) _____ (Hp) _____	(for contact in case clarification is required)
Proposal No.	Premium Amount \$ _____
Road Tax Amount (if applicable) \$ _____	3% Processing Fee (for road tax only) \$ _____
Amount to Debit \$ _____	Period of Insurance (dd/mm/yyyy) From _____ To _____

**Credit Card Details**

For Single Deduction	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	(Please indicate the name of issuing bank _____)	
Instalment Plan <sup>1</sup> (0% Interest Fee)	<input type="checkbox"/> UOB	<input type="checkbox"/> OCBC	<input type="checkbox"/> DBS	<input type="checkbox"/> POSB
Instalment Period	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months		
Cardholder's Name _____				
Card No. _____ - _____ - _____ - _____				
Expiry Date (mm/yyyy) _____ - _____				
Cardholder's Signature _____			Date (dd/mm/yyyy) _____	
Cardholder's Contact No. (O) _____ (H) _____ (Hp) _____				
Relationship to Policyholder (if different)				

<sup>1</sup> Only for participating Banks and subject to their 0% Interest Fee Instalment terms and conditions.

Adviser's Name	Adviser's Code
I confirm that this application form is completed and signed in my presence.	
_____	_____
Adviser's Signature and Company Stamp	Date (dd/mm/yyyy)

GI/G610/MT/03/2012

**DECLARATION - THIRD PARTY CREDIT CARD**

Date:

To: NTUC Income Insurance Co-operative Ltd

**Credit Card Plan**

**0% Instalment Payment Plan**

I, being the policyholder of this insurance policy number \_\_\_\_\_ fully understood that any refundable premium will be credited back to the credit card that was used to pay for the insurance premium under the 0% interest instalment plan. I will not contest to the refund of the premium.

\_\_\_\_\_  
Name of policyholder

\_\_\_\_\_  
Signature and NRIC No.

**Credit Card Single Deduction**

I have agreed to use my credit card to make payment for this insurance policy number \_\_\_\_\_. I fully understand that any refundable premium will be paid to the policyholder of this policy. I will not contest to the refunded premium.

\_\_\_\_\_  
Name of credit card holder

\_\_\_\_\_  
Signature and NRIC No.

Witness by:

\_\_\_\_\_  
Customer Service Officer/Manager

\_\_\_\_\_  
Signature and Staff ID

G/G610/MT/03/2012