

## 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
0% Interest Fee Instalment Plan <sup>1</sup>	<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) _____ - _____	CW <sup>2</sup> _____
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.

<sup>2</sup> The CVV is the last 3 digit no. printed on the back of the credit card.

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/09/2009

**NTUC Income Insurance Co-operative Limited**

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## 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

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