



AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower
Singapore 068811
Tel: 1800-8804888 (Within Singapore)
(65) 68804888 (International)
Fax: (65) 6338 2522
Email: customer.care@axa.com.sg
Website: www.axa.com.sg
GST Registration No.: 199903512M
Co. Registration No.: 199903512M

Credit Card Authorisation Form

Agent Account Code

11606

Dear Valued Customer,

Thank you for choosing AXA as your preferred insurer.

Please complete the form with the details as requested to allow us to proceed with the deduction. Once you have completed the form, please e-mail it to creditcardpayment@axa.com.sg. You do not need to include the application form or renewal instruction form in your email to us.

Payment Instructions

Name of Insured _____ Contact No. _____

Email address _____

Class of Insurance

- | | | | |
|--------------------------------|---------------------------------|--|--|
| <input type="checkbox"/> Motor | <input type="checkbox"/> Health | <input type="checkbox"/> Home | <input type="checkbox"/> Marine |
| Vehicle No _____ | <input type="checkbox"/> Travel | <input type="checkbox"/> Personal Accident | <input type="checkbox"/> Property & Casualty |

Policy Type

- | | | |
|------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Endorsement |
| Motor Cover No _____ | Policy No _____ | |

Period Of Insurance From _____ To _____

Amount to be Debited Singapore Dollars _____

Choose only ONE payment mode

☐ **Full Payment** (Applicable for Visa / MasterCard / AMEX / DINERS)

OR

☐ **Installment Plan - 0% Interest Free¹** (Applicable for Visa and MasterCard only)

Participating Bank :

☐ OCBC ☐ DBS ☐ POSB ☐ UOB ☐ HSBC

Installment Period

☐ 6 Months ☐ 12 Months

¹ Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$200 is required for OCBC/HSBC and S\$500 for DBS/POSB/UOB. The 0% interest free installment plan presented in this form is a facility offered by the Bank. Upon deduction of the premium via this installment scheme, you will receive an SMS notification from the Bank, stating the full premium charged to your credit card. The monthly installment amount and installment period will then be reflected in your monthly credit card statement.

Credit Card Details

Cardholder's Name _____

State Relationship (where cardholder is not the Insured)² _____

² Your security is our concern. If cardholder is not the Insured nor the insured's spouse, parent, parent-in-law, child or sibling, AXA insurance reserves the right to reject payment via credit card.

Card No. _____

Expiry Date

M	M
---	---

 /

Y	Y
---	---

Card Verification Value Code (CVV)³ _____

³ For Visa, MasterCard & Diners, CVV is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card.
For AMEX, it is the 4-digit no. printed on the front of the card above the card number.

I hereby confirm that the information given above is correct. I agree to AXA Insurance Pte Ltd collecting, using and disclosing my personal data for the purposes of processing this payment arrangement.

Cardholder's Signature _____ Contact No. _____ Date _____