

EQ Insurance

CREDIT CARD AUTHORISATION FORM

ASTRA ASSURANCE AGENCIES LLP

IMPORTANT NOTICE TO THE PROPOSER

1. I hereby authorise EQ Insurance to charge my credit card (details below) for the Total Insurance Premium due.
2. I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card.
3. If there is a cancellation to the policy, I fully understand that any refundable premium will be paid to the policyholder of the policy.

Payment Instruction

Name of Insured:	NRIC / Passport No.:
Contact No.: (Home) (Office) (Mobile)	Email:
Policy Type / Policy No. / Cover Note No. / Invoice No.:	Amount to be charged:
1. _____	_____
2. _____	_____
3. _____	_____
Total Insurance Premium:	_____

Personal Data Collection Statement

I agree and consent that EQI may collect, use and process my personal information obtained in this Credit Card Authorisation Form and disclose such information to third party service vendors and financial institutions for the purpose of processing and making payments to EQI.

Note: Please refer to the full version of EQI's Data Privacy Policy found at <http://www.eqinsurance.com.sg/CorporatePolicies.aspx> before providing your consent.

Credit Card Details (Applicable to MasterCard/ Visa/JCB/AMEX)

Premium (including GST): S\$ _____

I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card

- Visa / MasterCard* Name on Credit Card: _____ Tel No.: _____
 JCB (Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)
 AMEX

Card No.

Expiry Date - Security Code

- Instalment Plan (only for participating banks with total premiums exceeding S\$500)

Participating Bank: DBS UOB Citibank Instalment Period: 6 Months 12 Months

(* Delete where appropriate) Signature of Cardholder (As in Credit card) Date (dd/mm/yyyy)

For Official Use

Accepted by:	Verified by:	Date:
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