

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583

Payment Detail Slip

Policy Name _____

Policy Number _____

Contact Number _____

Yes, I would like to continue my insurance with you.

Cheque Payment

Personal cheque No: _____
(made payable to QBE Insurance (Singapore) Pte Ltd)

Amount _____

Credit Card Payment

Please debit my VISA / MASTER Credit Card

- - -

Expiry Date

Cardholder's Name _____

Amount _____

Please take note the following changes in my policy _____

Signature / Date