

Policy Details and Payment Instruction

To: NTUC Income Insurance Co-operative Ltd

I, authorise NTUC Income Insurance Co-operative Ltd to charge the following premium to my credit card account.

Name of proposer/ policyholder/ company	Period of insurance (dd/mm/yyyy)	
	From	To
Type of insurance	Proposal/ Policy number	Premium amount
Road tax amount (if applicable)	3% processing fee + GST (for road tax only)	Total amount to be charged
Cardholder's name	Cardholder's contact number	Relationship to Policyholder (if different)
Credit Card Number	Card Expiry Date	Card Type
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Visa <input type="checkbox"/> Master
Cardholder's Signature _____		
		Date _____

Please select (✓) one of the following authorisations as appropriate:

<input type="checkbox"/> For Single Deduction Issuing bank: _____	<input type="checkbox"/> For Motor Instalment Payment Plan (0% interest rate) ¹ <small>¹Only for participating banks and subject to their 0% interest fee instalment terms and conditions.</small> Issuing bank: <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 Note: Both the policyholder and the third party credit cardholder (if applicable) will be required to be present at Income servicing branch to sign this Policy Details and Payment Instruction (Credit Card) and the relevant credit card confirmation slip.
Declaration - third party credit card I fully understand that for single deduction, any refundable premium will be paid to the policyholder of the policy stated above, and I will not contest the refund of the premium. _____ Cardholder's Name/ Signature Cardholder's NRIC: Date:	Declaration - third party credit card I fully understand that for motor instalment payment plan, any refundable premium will be credited to the credit card. I will not contest the refund of the premium. _____ Policyholder's Name/ Signature Policyholder's NRIC: Date:

Adviser's name	Adviser's code
I confirm that this authorisation form is completed and signed in my presence.	
_____	_____
Adviser's Signature	Date