

TO

ACCOUNTS DEPARTMENT

Dear Sir/Madam,

**CREDIT CARD PAYMENT FOR INSURANCE POLICY PREMIUM**

I hereby confirm that I, \_\_\_\_\_ am the cardholder of the following credit card and I am instructing your company to charge the premium of [SGD\$] \_\_\_\_\_ for the following policy to my credit card:

Policy Number : \_\_\_\_\_

Bank of Issuance : \_\_\_\_\_

Please Circle One :      VISA                  MasterCard

Card No

Expiration Date

C.V.C

Name of Insured [if different from above]  
\_\_\_\_\_

NRIC  
\_\_\_\_\_

Contact Number [office/home/mobile]  
\_\_\_\_\_

Vehicle Number  
\_\_\_\_\_

Signature of Cardholder / Date  
\_\_\_\_\_