

ATTN: OPERATIONS DEPT / FINANCE DEPT

(FAX NO: 63389267) (TEL NO: 63374779)

CREDIT CARD PAYMENT INSTRUCTION

Please charge the ar	mount of S\$	to my VISA / MA	ASTER* Card:	
Credit Card No:	- 🔲	<u> </u>		
Expiry Date:	M M / Y Y Y Y	CVV N	umber:	
Cardholder's Name:		Signature of Cardholder:		
Bank:		Date:		
* Any Refund Paym * Delete where app	ent pertaining to the Insurance I licable.	Policy shall be refun	ded through the above c	eard.
CUSTOMER DET	<u>rails</u>			
Policyholder:				
Contact No:	(M	Mobile)		(Office)
Policy No:				
Vehicle No:				
Signature of Policyholder:				

Agency Code: A0000064 CCF012017