

Policy Details and Payment Instruction

To: Income Insurance Limited

I, the credit card holder, authorise Income Insurance Limited to charge the following premium to my credit card account.

Name of Policyholder/Company	Period of insurance (dd/mm/yyyy)	
	From	To
Type of insurance	Proposal/ Policy number	Premium amount
Cardholder's name	Cardholder's contact number	Relationship to Policyholder (if different)
Credit Card Number <input type="text"/>	Card Expiry Date <input type="text"/>	Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master
<p>_____ Cardholder's Signature</p> <p style="text-align: right;">_____ Date</p>		

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: 1) To qualify for this Instalment Payment Plan, the minimum premium must be at least: a. \$200 for 6 monthly instalments; or b. \$500 for 12 monthly instalments 2) 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	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.	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.
Cardholder's Name/ Signature Cardholder's NRIC: Date:	Policyholder's Name/ Signature Policyholder's NRIC: Date:

Adviser's name AUTOSHIELD PTE LTD	Adviser's code 573469
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I confirm that this authorisation form is completed and signed in my presence.

_____ Adviser's Signature	_____ Date
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