

ATTN: FINANCE DEPT
(FAX NO. 6222 1033)
(TEL NO. 6389 6111)

CREDIT CARD PAYMENT INSTRUCTION

Please charge the amount of \$ _____ to my **VISA / MASTER** card:

- Full Premium Payment OR
- 12 Monthly 0% Interest Installment Payment with OCBC credit card* OR
- 6 Monthly 0% Interest Installment Payment with OCBC credit card*

Card No:

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Expiry Date:

M	M	/	Y	Y
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Cardholder's Name: _____

Bank: _____

Signature of Cardholder: _____

Date: _____

- * Minimum payment amount for 0% Interest Installment Payment Plan is S\$500.
Policyholders who opt for the 0% Interest Installment Payment Plan must agree to be bound by OCBC Terms and Conditions governing Installment Payment Plan posted at www.ocbc.com.sg
- * Any Refund Premium pertaining to the below policy shall be refunded through the above card.

Customer Details

Policyholder: _____

Contact No: _____ (H) _____ (HP)

Policy No: _____

Vehicle No: _____

Signature of Policyholder: _____
(if different from Credit Cardholder)

Agency Code: AN0567A