**Income Insurance Limited** I UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

# 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/yyy)<br>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 | Card Expiry Date<br>M M Y Y Y Y | Card Type<br>☐ Visa ☐ Master |

Cardholder's Signature

Date

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

| ☐ For Single Deduction | ☐ For Motor Instalment Payment Plan (0% interest rate)[1]<br>[1]Only for participating banks and subject to their 0% interest fee instalment terms and conditions.<br>Issuing bank: ☐ OCBC ☐ DBS ☐ POSB<br>Instalment period: ☐ 6 months ☐ 12 months<br>**Note**:<br>1) To qualify for this Instalment Payment Plan, the minimum premium must be at least:<br>a. $200 for 6 monthly instalments; or<br>b. $500 for 12 monthly instalments<br>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. |
|---|---|
| Issuing bank: _____ | |
| **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<br>Cardholder's NRIC:<br>Date: | Policyholder's Name/ Signature<br>Policyholder's NRIC:<br>Date: |

| Adviser's name | Adviser's code |
|---|---|

I confirm that this authorisation form is completed and signed in my presence.

Adviser's Signature

Date