

Income Insurance Limited | 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)		
	rom 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	Card Type ☐ 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 ¹Only for participating banks and subject to their 0% interest fee instalment terms and conditions. Issuing bank: UOB OCBC DBS POSB Instalment period: 6 months 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		
Issuing bank:	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 conte 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	Policyholder's Name/ Signature	Policyholder's Name/ Signature	
Cardholder's NRIC:	Policyholder's NRIC:	Policyholder's NRIC:	
Date:	Date:		
Adviser's name	Adviser's code		
I confirm that this authorisation form is completed and signed in my presence.			
Adviser's Signature		ate	