

IMPORTANT NOTICE

- All information on this form must be fully completed otherwise the payment cannot be processed
- Please do not mail this form if you have already faxed it to us to avoid double deductions

To:

AXA INSURANCE SINGAPORE PTE LTD 143 Cecil Street #01-01 GB Building Singapore 069542

Fax No.: 6880 4630
Attention: Finance Department

Agent Account Code 04247

I hereby authorise AXA Insurance Singapore Pte Ltd to charge my credit card (details below) for the insurance premium due.

Payment Instructions		
Name Of Insured		Contact Number
Policy Type	New	Renewal
Policy Details	Policy No.	Cover Note No.
(whichever is available)		
	Vehicle No.	Travel Cert No.
Period Of Insurance	From	To
Amount to be Debited	Singapore Dollars	
Choose only <u>ONE</u> payment mode		
Single Deduction		0% Interest Free Installment Plan^
☐ AMEX	DINERS	(Applicable for Visa and MasterCard only)
		OCBC DBS POSB UOB
MASTERCARD	VISA	Installment Period
		6 Months 12 Months
Credit Card Details		
Cardholder's Name		
Card No.		
Expiry Date	m m / y	y Card Verification Value Code (CVV)*
Cardholder's Signature		Date

^{*} CVV2 - Applicable to Visa and MasterCard only. The CVV is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card.

[^] Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$300 is required for OCBC and S\$500 for DBS/POSB/UOB.