

Debit/Credit Card Authorisation Form

(Applicable for premium payments for all direct business except for Motor Fleet)

Please complete this form with the details necessary for us to proceed with deduction. Once complete, please return to **ERGO Insurance Pte. Ltd.** (herein known as ERGO).

Payment Instructions																				
Name of Insured:	Contact No.:																			
Policy/Vehicle No.:	Transaction Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Endorsement <input type="checkbox"/> Cover Note No. _____																			
Period of Insurance: DD/MM/YYYY	From DD/MM/YYYY to DD/MM/YYYY																			
Amount to be debited	SGD\$ (including GST, if applicable)																			
Select Payment Mode																				
<input type="checkbox"/> One Time Full Payment <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Bank Name: _____	<input type="checkbox"/> OCBC Bank 0% Interest Free Installment Plan (IPP*) via OCBC Credit Card (Visa/MasterCard only) Installment Period <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months																			
*Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$500 is required for OCBC IPP. The 0% interest free instalment plan presented in this form is a facility offered by the Bank. Upon deduction of the premium via this instalment scheme, you will receive an SMS notification from the Bank, stating the full premium charged to your credit card. The monthly instalment amount and instalment period will then be reflected in your monthly credit card statement.																				
Details of Cardholder																				
Debit/Credit Cardholder: (Name as it appears on Card)	Relationship to Insured: (where cardholder is not Insured) <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Children <input type="checkbox"/> Siblings ERGO reserves the right to reject payment via credit card if cardholder is not Insured's immediate family.																			
Debit/Credit Card Number:																				
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Declaration:																				
<p>I hereby confirm that the information given above is correct. I agree to ERGO collecting, using and disclosing my personal data for the purposes of processing this payment arrangement.</p> <p>I understand that any refund on the policy will be made out to the Insured, except for IPP payment.</p>																				
Cardholder's Signature	Contact No.																			
Date (DD/MM/YYYY)																				

Updated: 22 May, 2019