

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 OC	BC credit card* OR		
6 Monthly 0% Interest Installment Payment with OCBC credit card*			
Card No:			
Expiry M M / Y Y Date:			
Cardholder's Name:	Signature of Cardholder:		
Bank:	Date:		

* Minimum payment amount for 0% Interest Installment Payment Plan is \$\$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 <u>www.ocbc.com.sq</u>

Customer Det	ails		
Insured Name	:		
Contact No:		(H)	(HP)
Policy No:			
Vehicle No:			