

Premium Payment Instruction (Credit Card)

Terms and Conditions

Any refund on the policy will be made to the Policyholder.

Please note that administrative fees may be imposed by the bank in accordance to its respective terms and conditions in the event of premature cancellation or termination of the installment payment plan and/or credit card account.

Policyholder Details

Policyholder Name (Personal Name only):

Contact no.: (HP)

(Office)

(Home)

	Policy type	Product Name	Policy Number	Period of Insurance	Premium (Incl GST)
1	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal			From: To:	
2	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal			From: To:	
3	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal			From: To:	

Payment Mode

<input type="checkbox"/> Installment Plan (0% interest fee): Issuing Bank: <input type="checkbox"/> OCBC <input type="checkbox"/> DBS/POSB (Note: Minimum amount \$500) Type: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA Installment Period: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	Thinking of another product? You can combine > 2 Personal lines products totalling \$500	<input type="checkbox"/> Single Deduction (full payment): Issuing Bank _____ Type: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
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Payment / Credit Card Details

Please charge: \$ _____ (including GST) to my credit card below.																	
Credit Card No.:												Expiry Date					
Cardholder Name:											Relationship to Policyholder: (if different)						
Contact no.: (HP)						(Office)						(Home)					
Declaration: <ul style="list-style-type: none"> Where a third party credit card is used, I declare that the cardholder has authorized and consented to such use and that I am authorized to agree to the payment method and terms on the Credit Cardholder's behalf. I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo Insurance may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo Insurance's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo Insurance's business partners, intermediaries, third party service providers and industry associations. Sompo Insurance's Privacy Policy can be found at www.sompo.com.sg I consent to receive marketing and promotional information from Sompo Insurance (e.g. via email, mail, SMS, etc.). I understand that I can withdraw or manage my consent to receive marketing and promotional information at www.sompo.com.sg I am aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete. 																	
_____ Policyholder's Signature												_____ Date (dd/mm/yyyy)					
Important Notice: <ul style="list-style-type: none"> Please ensure all information is completed and form is signed, otherwise the payment cannot be processed. Please do not send multiple Payment Instruction as this will result in duplicate charge. The Instalment Payment Plan applies only to credit cards issued in Singapore 																	