

AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building
 78 Shenton Way #09-16
 Singapore 079120
 www.aig.sg
 Co.Reg.No. 201009404M

Important:
 During the COVID-19 period, please submit this form via:
 1) www.aig.sg/contactus and select "Enquire Online" or
 2) Post
 Submission of this form via any other email channel will not be processed.



PAYMENT AUTHORISATION FORM

Name of Policyholder: _____ Policy No: _____

Please select payment method and provide details, where relevant:

<input type="checkbox"/>	<p>By Cheque</p> <p>Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.</p> <p>Cheque No.: _____ Bank: _____ Amount: _____</p>
<input type="checkbox"/>	<p>By Credit Card (For Full Payment of Premium)</p> <p>Please charge the amount of S\$ _____ to the following MasterCard/Visa card.</p> <p>Card No. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Expiry Date <input type="text"/><input type="text"/><input type="text"/><input type="text"/> (MMYY)</p> <p>Name of Credit Cardholder: _____ (as it appears on card)</p>
<input type="checkbox"/>	<p>By Credit Card (For 0% Interest Installment Payment of Premium)⁺</p> <p>Please charge the amount of S\$ _____ to the following MasterCard/Visa card.</p> <p>Please select one only : <input type="checkbox"/> DBS <input type="checkbox"/> POSB <input type="checkbox"/> UOB</p> <p>Please select payment period: <input type="checkbox"/> 6 monthly interest-free payment* <input type="checkbox"/> 12 monthly interest-free payment*</p> <p>Card No. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Expiry Date <input type="text"/><input type="text"/><input type="text"/><input type="text"/> (MMYY)</p> <p>Name of Credit Cardholder: _____ (as it appears on card)</p> <p>If I have opted for the 0% Interest Installments, I agree on behalf of the Credit Cardholder to be bound by DBS or UOB Terms and Conditions governing Installment Payment Plan posted at their respective websites.</p> <p>⁺ Minimum premium of \$300 applies. Not applicable for endorsement premium. * Subject to the relevant bank's terms and conditions. Please note that administrative fees may be imposed by the relevant bank in accordance with its respective terms and conditions in the event of premature cancellation or termination of the IPP and/or credit card account. Note: 0% interest instalment plans are not applicable for DBS Black Cards.</p>
<p>Declarations Where a third party credit card is used, I declare that the Credit Cardholder has consented to such use and that I am authorized to agree to the payment method and terms herein on the Credit Cardholder's behalf.</p> <p>Signature of Policyholder: _____ Date: _____</p>	

Please complete this Payment Authorisation Form and mail to us.

Note:

1. Please note that third party credit card does not refer to credit cards of AIG producers (unless an Authorisation Letter is provided by Policyholder and attached to the Payment Authorisation Form)
2. Do not send multiple Payment Instruction as this will result in duplicate charge
3. Any refund on the policy will be sent to the policyholder via cheque