

GENERAL INSURANCE CREDIT CARD AUTHORISATION FORM



Important Notes:

1. Please complete this form and return to Singapore Life Ltd.
2. Please provide all relevant information in full to avoid delay in the processing of your application.
3. The relevant entries in your credit statement will be recognised as confirmation of payments. As such, no official receipts will be issued.
4. Regular premiums that are charged to your credit card exceeding its credit limit available at time of debit will be rejected. Please ensure that your credit limit is sufficient for this payment.
5. Authorisation shall remain in force until terminated by you. Any termination of such authorisation shall only take effect upon receipt by Singapore Life Ltd. of your instructions.
6. Please note that some credit cards cannot be used outside their country of issue and therefore, we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.

1. Policy Details

If Cardholder is different from Policy Owner, please indicate relationship and reason for third party payment.

Policy Number(s)	Name of Policy Owner	Relationship to Cardholder	Reason if Cardholder is not the Policy Owner

2. Authorisation and Declaration

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

3. Credit Card Account Details

Visa / Mastercard Authorisation (This authorisation supersedes any previous instruction)

I authorise Singapore Life Ltd. to charge the premium(s) to my credit card account for the above insurance policy(ies).

Cardholder's Name (as in Bank's record):	Cardholder's NRIC/Passport No.:	Issuing Bank:
Address:		
Email Address:	Mobile No.:	
Credit Card Details: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
16-digit card number		Card Expiry Date:
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Signature of Cardholder (as per Credit Card):		Date
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