Allianz General Insurance Company (Malaysia) Berhad (735426-V)

Allianz

CREDIT CARD PAYMENT INSTRUCTION

I/We hereby request and authorise you to debit my/our Credit Card Account for the payment of insurance premium as stated below:

Name of Cardholder : _____

(Name must correspond with the name on Crèdit Card)

Name of Agency : _____

Agency Account No.: | K | L | 0 | 2 | 4 | 9 | 4 | - | 0 | 0 |

Contact No: _____ Fax No. _____

Credit Card No: | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | 9 | 0 | 1 | 2 | | 3 | 4 | 5 | 6 |

Card Expiry Date: _____

Issuing Bank _____

Please tick (✓) where applicable Visa [✔] MasterCard [✔] Virtual Card [ ]

Payment for Insurance Premium :

RM	RM	RM
Motor (MT)	Non-Motor (NM)	Premium Warranty (PW)

Total Amount: RM Policy no. _____

I/We hereby understand and agree that the above insurance premium payment will only be considered as paid upon successful processing of the debit by the Card Centre.

_____ _____

Signature Of Cardholder Date

(Signature must correspond with cardholder's signature on the credit card)

Verification By Allianz Staff

Signature : _____

Name : _____

Designation : _____

Date : _____