



# AIA SINGAPORE CREDIT CARD AUTHORISATION FORM

**Conditions:**

- a) Credit Card payments are accepted only for the FIRST year's premium. Credit Card payments for renewal premium and single premium policies will NOT be accepted.
- b) Only Singapore - Issued Visa/Master credit card are allowed for payment.
- c) Any amendment or alteration must be countersigned by cardholder.
- d) Please give 1 month advance notice for termination of recurring credit card payment.
- e) AIA Financial Services Consultants (AIA FSC) and their family members are not allowed to use personal credit card to pay premiums of Policyholders. Disciplinary action will be imposed accordingly.

**Warning: AIA Singapore's prevailing exchange rates shall apply for any currency conversion required to be made to convert the amount payable into Singapore dollars. Any currency conversion is subject to currency exchange rate fluctuations, which may be highly volatile.**

**Policy Details**

Policy Number	Name of Policy Owner	*Amount to be Deducted Now	#Recurring Payment (please circle accordingly)
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

\* Please write the foreign currency amount to be paid in the "Amount to be Deducted Now" box for foreign currency denominated policy.

# Recurring Payment is applicable to Monthly, Quarterly and Semi-annual modes for the FIRST year's premium only. The Recurring Payment amount to be deducted is based on the modal premium of the policy.

**Credit Card Details**

Name on Credit Card: \_\_\_\_\_ Contact No.(HP): \_\_\_\_\_ Relationship to Policy Owner:  
(if different from Policy Owner)

Address of Cardholder (P. O. Box not allowed):  
\_\_\_\_\_

Name of Issuing Bank : \_\_\_\_\_

Country of Issuing Bank : \_\_\_\_\_

Visa/Master Card No. : \_\_\_\_\_

Card Expiry Date (MM/YY) : \_\_\_\_\_ / \_\_\_\_\_

**Cardholder's Authorisation**

1. I, the Cardholder identified on this form hereby authorise AIA Singapore Private Limited ("AIA Singapore") to charge the aforesaid card and the issuer of the said card to pay the amount shown above to AIA Singapore.
2. I hereby authorise, agree and consent to AIA Singapore to use and/or disclose any information collected and/or held (whether contained in this form or otherwise obtained) to its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to this form/aforesaid Policies. I hereby specifically waive any right to bring a claim of any nature against AIA Singapore, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above.
3. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable in any manner whatsoever including any subsequent expiry of the policies due to late or non-payment of premiums.
4. This authorisation shall be binding and remain valid, notwithstanding death of the Cardholder, irrespective whether or not this form/aforesaid policies are accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as original.

\_\_\_\_\_  
Cardholder's Signature (as per Credit Card)

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Financial Services Consultant's (FSC's) / Insurance Representative's (IR's) Declaration**

I hereby certify that I have witnessed the cardholder's signature on this form.

\_\_\_\_\_  
Name of FSC / IR

\_\_\_\_\_  
Unit Code & FSC / IR Code

\_\_\_\_\_  
Signature of FSC / IR

\_\_\_\_\_  
FSC / IR Handphone No.

**For Cashier Use Only** (Authorisation Code)

**FX Rate:**



\* P 0 7 0 1 1 7 0 1 0 2 0 2 \*



AIA Cashier's Copy



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Country of Issuing Bank : \_\_\_\_\_

Visa/Master Card No. : | | | | | | | | | | | | | | | | | | | | | |

Card Expiry Date (MM/YY) : | | / | |

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\_\_\_\_\_  
 Cardholder's Signature (as per Credit Card) \_\_\_\_\_  
Date (MM/DD/YYYY)

**Financial Services Consultant's (FSC's) / Insurance Representative's (IR's) Declaration**

I hereby certify that I have witnessed the cardholder's signature on this form.

\_\_\_\_\_  
 Name of FSC / IR Unit Code & FSC / IR Code Signature of FSC / IR FSC / IR Handphone No.

<b>For Cashier Use Only</b> (Authorisation Code)	<b>FX Rate:</b>
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\* P 0 7 0 1 1 7 0 1 0 2 0 2 \*





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\_\_\_\_\_ Date (MM/DD/YYYY)

Cardholder's Signature (as per Credit Card)

**Financial Services Consultant's (FSC's) / Insurance Representative's (IR's) Declaration**

I hereby certify that I have witnessed the cardholder's signature on this form.

\_\_\_\_\_ Signature of FSC / IR \_\_\_\_\_ FSC / IR Handphone No. \_\_\_\_\_  
Name of FSC / IR \_\_\_\_\_ Unit Code & FSC / IR Code \_\_\_\_\_

<b>For Cashier Use Only</b> (Authorisation Code)	FX Rate:
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