



### CREDIT CARD AUTHORISATION FORM

Please complete this form and return to Aviva Ltd.

| POLICY DETAILS  |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|---|--|---|-----------------------------|--|--|---|---|--|--|--|--|--|---|---|--|--|--|--|--|---|---|--|--|--|--|--|-------------------------------|-------------------------------------|
| Policy No.  | Particulars Required if Accountholder is not Policyowner |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   | Name of Policyowner                                      | NRIC No.  | Relationship to Policyowner |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| PERSONAL DATA CONSENT   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| <p>I/We consent to Aviva (and Aviva 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 Aviva.</p> <p>I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.</p> <p>For full details of the purposes of collection, use and disclosure of your personal data, please visit <a href="http://www.aviva.com.sg/pdpa.html">http://www.aviva.com.sg/pdpa.html</a></p> |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| CARDHOLDER'S PARTICULARS  |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Name :  |  | NRIC / Passport No. :   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| _____   |  | _____   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Contact Number(s) :   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| (Home)  | (Office)   | (Handphone)   | (Email Address)             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| _____   | _____  | _____   | _____                       |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| CREDIT CARD ACCOUNT DETAILS   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| <p><b>Visa / Mastercard Authorisation</b> <i>(This authorization form supersedes any previous instructions)</i></p> <p>I authorize Aviva Ltd to charge the regular premium to my credit card account for this insurance policy.</p>   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Name of Cardholder :  |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| _____   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Card Number :   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>   |  |   |                             |  |  | - | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  | - | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  | - | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Address of Cardholder :   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| _____   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Issuing Bank :  |  | Card Expiry Date :  |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| _____   |  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  |   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  | ( MM - YYYY )   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| Signature of Cardholder :   |  | Date :  |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
| _____   |  | _____   |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |
|   |  | ( DD - MM - YYYY )  |                             |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |   |   |  |  |  |  |  |                               |                                     |

**Important Notes :**

- (i) Please provide all relevant information in full to avoid delay in the processing of your application.
- (ii) The relevant entries in your credit card statement will be recognised as confirmation of payments. As such, no official receipts will be issued.
- (iii) 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.
- (iv) Authorisation shall remain in force until terminated by you. Any termination of such authorization shall only take effect upon receipt by Aviva Ltd of your instructions.
- (v) 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.
- (vi) Mobile number and email address provided will replace our records accordingly.

**Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807**

Tel: (65) 6827 7988 Fax: (65) 6827 7900 Website : [www.aviva.com.sg](http://www.aviva.com.sg) Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

Jun 2014