Inspiring Confidence.
Accelerating Progress.

TOKIO MARINE
INSURANCE GROUP

CREDIT / DEBIT CARD PAYMENT AUTHORISATION FORM

I hereby authorise and request Tokio Marine Life Insurance Malaysia Bhd. ("Company") to charge my credit/debit card for the amount of the premium due as advised by the Company from time to time with regard to the insurance policy(ies) as listed hereunder. I am fully aware and agree that this authorisation is governed by the Terms & Conditions as specified in this Form.

PART 1: PARTICULARS OF CARDHOLDER	
Full Name of Cardholder as per NRIC / Passport	
NRIC No. /Passport No.	(Please submit a copy of the Cardholder's NRIC or Passport if the Cardholder is not the Policy Owner / Life Assured)
Passport Expiry Date	
Date of Birth	
Gender	☐ Male　　　　☐ Female
Nationality	☐ Malaysian　　　　☐ Others _____
Correspondence Address	Postcode _____　Country _____
Residential Address (If different from Correspondence Address)	Postcode _____　Country _____
Contact No.	Handphone
	Office
	House
Email Address	
Source of Wealth *How did you accumulate your wealth (i.e. your total assets)?*	☐ Employment related income (e.g. salary, commission, bonus, EPF, pension) ☐ Business income (e.g. profits) ☐ Investment Income (e.g. shares, bonds, unit trust, rental income) ☐ Savings or deposit ☐ Policy claims, maturity or surrender ☐ Others (e.g. inheritance, gift, allowance, loan etc.), please specify _____
Source of Fund *What is the source of funds used to pay the premium?*	☐ Savings / Business income ☐ Sales of assets / rental income / sales of investments (e.g. shares, bonds, unit trusts etc.) ☐ Benefit from insurance policy (e.g. Policy claims, maturity or surrender) ☐ Personal savings / fixed deposit ☐ Others (e.g. inheritance, gift, allowance, loan etc.), please specify _____

RECEIVED DATE

RECEIVED DATE

For Office Use:

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PART 1: PARTICULARS OF CARDHOLDER (CONTINUE)

Please complete the details below if the Cardholder is not the Policy Owner.

Occupation		Exact Duties	
Nature of Business/ Nature of Self Employment		Name of Employer	
Reason for paying premium for the Policy Owner			

PART 2: CARD & APPLICATION DETAILS

☐ **Credit Card**   ☐ **Debit Card**

Type of Card   ☐ **Visa**   ☐ **Master**

Card No.

Card Issuing Bank

Card Expiry Date   _____ (MM/YYYY)

PART 3: DEDUCTION OPTION

☐ **Auto Debit Deduction***
*The premium due amount to be deducted is such amount that the Company may advise from time to time.

Policy/Proposal No.	Full Name of Policy Owner as per NRIC/Passport	Relationship between Policy Owner and Cardholder		
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent

☐ **One Time Deduction**

Policy/Proposal No.	Full Name of Policy Owner as per NRIC/Passport	Relationship between Policy Owner and Cardholder			Premium (RM)
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent	
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent	
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent	
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent	
		☐ Ownself ☐ Parents	☐ Spouse ☐ Children	☐ Siblings ☐ Grandparent	

Note: Relationship of the Policy Owner to the Cardholder is restricted to self, parents, spouse, sibling ,children and grandparent ONLY.

PART 4: AUTHORISATION BY CARDHOLDER

I have read and I fully understand the Terms and Conditions as stated overleaf. I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.

I understand that I can visit the Company's Corporate Website (https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html) for a full copy of the Company's Privacy and Data Protection Policy.

Signed on _____ (Date)

_____
Signature of Cardholder

Name   :
ID No.   :

Note: A copy of NRIC/Passport of the Cardholder is submitted for verification by the Company if the Cardholder is not the Policy owner / Life Assured.

TERMS & CONDITIONS OF CREDIT / DEBIT CARD AUTO DEBIT SERVICE

In consideration of the Company accepting this Credit / Debit Card authorisation, I agree to and accept the following terms and conditions:

1. The Company shall not be held responsible for any claims, loss, damage, costs and/or expenses arising from the successful or unsuccessful processing of the debit due to exceeding credit limits, insufficient funds in my account, malfunction of system, electricity failure and any other factors beyond the Company's control. I am, therefore, responsible to resolve all problems or dispute with my Card Company arising from the processing or debiting of my card.
2. The Company shall not be required to enquire whether my signature in this application is the same as that in my Card Company's record.
3. I will notify the Company in writing of any changes to my card or cancellation of this authorization at least one month before the next premium is due. Any change will only be effective after the Company has duly acknowledged receipt of such notice.
4. The Company may at its absolute discretion at any time terminate this arrangement without assigning any reason by giving me one month's written notice or change the Terms and Conditions herein without prior notice to me.
5. I hereby agree to keep the Company indemnified against any claims, loss, damage, costs and/or expenses which the Company may suffer or incur as a result of the Company acting on my authorization.
6. In the event that any moneys are refundable by the Company for any reason, the Company is authorized to refund the moneys to me or the Policy Owner by crediting the said sum into my card account and shall thereafter be fully discharged from all obligations pertaining to the same. Should any dispute arise, both the Policy Owner and I shall refer only to each other for remedies and resolutions.
7. The Policy Owner or I shall settle any outstanding premium until this authorisation is effective.
8. Receipts will not be issued for premium payments made through this arrangement. I shall refer to the account statements or annual confirmation letter (statement for Income Tax) from the Company for confirmation of payments.
9. Unless and until the Company receives written notification of my death, incapacity or revocation of this authorisation, this authorisation will remain in force and effective.
10. The Company is under no obligation to honour any direct debit instruction unless there is sufficient available credit limit in my card account at the time the payment is due. I am solely responsibly to ensure that there is sufficient credit available at all times in my card account.
11. Insurance coverage will only commence from the date of approval of the application subject to full premium being paid.

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A member of the
Tokio Marine Group