



# AIG General Insurance (Malaysia) Berhad

## Enhanced Credit Card Payment Facility Direct Debit Authorization Form

I hereby authorize AIG General Insurance (Malaysia) Berhad to charge my credit card for the settlement of my insurance premium. I understand that this instruction is merely an annual debit instruction and that my insurance policy only be processed after approval from my credit card company.

NEW CASE  RENEWAL

Card Type : VISA  MASTER CARD  CVV2 (optional)

Credit Card No :

Expiring Date :  Month  Year

Issuing Bank : \_\_\_\_\_

Amount to Debit : (RM) \_\_\_\_\_

This is renewal premium only.

My new annual premium for now and onwards unless otherwise instructed by myself giving a minimum of thirty(30)days prior notice for an alternate payment arrangement. (The annual premium charged will vary each year and would take into consideration of any changes to the risk, the sum insured and/or No Claim Bonus entitlement)

I understand that the policy is deemed to be void if this direct debit/standing order/authorization request is subsequently rejected by my credit card company.

Insured Name : \_\_\_\_\_

Insured Signature : \_\_\_\_\_

Insured Tel. No. : \_\_\_\_\_

Agent Name : **CHRISA COMPANY**

Agent Code : **540002**

If name of insured & Cardholder is different: -

Cardholder's Name : \_\_\_\_\_

Cardholder's Signature : \_\_\_\_\_

**REFERENCE**  
Policy Number : \_\_\_\_\_

Cover Note Number : \_\_\_\_\_

Approval Code : \_\_\_\_\_

**FAX TO: CHRISA COMPANY**  
**Tel No: 7885 0505 Fax No: 7885 0303**  
**Email: info@chrisa.com.my**