

For Info, Please Call CHRISA CO at 7885 05 05

Date of Submission : _____

Direct Debit Authorisation Form (DDA - ONE OFF CHARGE)

I hereby authorise **CHARTIS MALAYSIA INSURANCE BERHAD (795492-W)** to charge my credit card to settle my insurance policy. I understand that this instruction is merely a **One Off Charge** debit instruction and that my insurance policy will take effect after obtaining approval from my credit card company.

NEW CASE **RENEWAL** **CHANGE OF CREDIT CARD**

Card Type: **Visa** **Mastercard**

Credit Card No

CVV last 3 digits of the number printed on the signature strip on the back of your card **Expiry Date** **Month** **Year**

Issuing Bank : _____
Amount to Debit : RM _____
Insured Name : _____
Insured Tel No : _____
Policy Number : (If Applicable Only) _____
Cover Note No : (If Applicable Only) _____
Vehicle Registration No: (If Applicable Only) _____

If names of Insured & Cardholder are DIFFERENT : -

Cardholder Name : _____
Cardholder Tel No : _____
Card holder Signature : _____
Relationship to Insured if Cardholder is not the Insured: _____

I understand that the policy or renewal will not be effective if this direct debit authorization request is subsequently rejected by the credit card company.

Insured Signature : _____ Date: _____

Agent Name : **CHRISA CO** Tel: **78850505**
Agent Code : **540002**

PLEASE FAX TO CHRISA COMPANY AT 78850303.