

PAYMENT

Policy No : _____

Policyholder's Name : _____
(Name as in NRIC/Passport)

Insured Person : _____
(Name as in NRIC/Passport)

(PLEASE TICK (√) THE APPROPRIATE BOX

() Payment by Cash : RM _____

() Payment by Cheque Payable to **THE PACIFIC INSURANCE BERHAD** : RM _____ Cheque No. : _____

() Payment by Credit Card

() One Time Payment by Credit Card : RM _____

I hereby authorise THE PACIFIC INSURANCE BERHAD to charge to my Credit Card Account my premium.

() Standing Instruction : RM _____

I hereby authorise THE PACIFIC INSURANCE BERHAD to charge to my Credit Card Account the annual premium and stamp duty (including unpaid/additional premium , if any) applicable to my insurance policy at the time of each renewal. This authorisation will be in effect until cancelled by myself in writing to THE PACIFIC INSURANCE BERHAD. Notwithstanding the above instructions, I agree that my policy be terminated if premiums are not paid when due.

() Easy Payment Standing Instruction : RM _____

I hereby authorise THE PACIFIC INSURANCE BERHAD to charge to my Credit Card Account the annual premium and stamp duty (including unpaid/additional premium , if any) applicable to my insurance policy at the time of each renewal. This authorisation will be in effect until cancelled by myself in writing to THE PACIFIC INSURANCE BERHAD. Notwithstanding the above instructions, I agree that my policy be terminated if premiums are not paid when due.

IMPORTANT NOTICE

Easy Payment for Pacific Flexi Plan is a twelve (12) months – Instalment Plan

The annual premium of the Pacific Flexi Plan and the associated riders must be RM 1,000 (gross premium) and above.

Policyholders are NOT allowed to opt for Easy Payment Plan mid-term.

By signing this Easy Payment Advice, I hereby confirm that I will abide by the Terms & Condition of Easy Payment Plan of the selected bank.

Issuing Bank (Please Tick (√) whichever is applicable with the following banks) :

AmBank

Citibank

Standard Chartered Bank

CIMB

Maybank

Public Bank

Cardholder's Authorisation

Name : _____ New NRIC No : _____

Contact Number of Cardholder

Office : _____ House : _____ Handphone : _____

Relationship to the Policyholder : _____

() VISA () MASTERCARD Credit Card No : _____

Issuing Bank : _____

Card Expiry Date : _____

Signature : _____ Date : _____

Note :

- 1) The Pacific Insurance Berhad shall only accept credit card standing instructions from policyholder or immediate family members of policyholder.
- 2) Please be informed that The Pacific Insurance Berhad shall process your Credit Card Standing Instruction, 7 days before the due date of your policy. Kindly ensure that your account has sufficient funds to facilitate this transaction.
- 3) If credit cardholder is not the policyholder, credit cardholder is to either provide his/her contact number or letter authorising The Pacific Insurance Berhad to charge his/her credit card to pay for 3rd party's policies.

For Office Use

Telephone Confirmation Done By :
Name _____ Signature _____ Date & Time of Confirmation _____