## Visa/Master Card Payment Form

CHUBB°

Insured Particula	rs	
(please complete all)		
Mr/Mrs/Mdm/Ms		
Address		
NRIC		
Occupation		
Tel (H/P)		
(H)		
(0)		
Email		
Fax		
Authorization/De	claration	
I hereby authorize Ch	ubb Insurance Malays	sia Berhad to charge my credit
card the amount of R	М	
being premium due o	n Policy No/Cover No	te No
VISA/Master Card No		
Expiry Date of Card (mm/yy)		
Card Issuance Bank _		
	er one) red & Card Holder	Cardholder
NRIC (new)		
Tel/HP		
Relationship with Ins (only spouse/childrer		
Signature of Cardholder Date (as appeared on your card)		Date
<b>Important</b> : This is a	non-cancellation charg	ge.

Chubb Insurance Malaysia Berhad (9827-A) Wisma Chubb, 38 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia  $\,O+6\,03\,2058\,3000\,\,F+6\,03\,2058\,3333\,\, \frac{www.chubb.com/my}{000}\,\,2018$  Chubb. Chubb $^{\oplus}$  is protected trademark of Chubb. Published 06/18

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