



INSTRUCTION TO DEBIT CREDIT CARD ACCOUNT

Name : _____
Agent No : _____

Phone No. : Office: _____
Handphone : _____

Policy/Cover Note/Endorsement No./Vehicle No. :

Amount (SGD) :

- 1.
- 2.
- 3.
- 4.
- 5.

Total Amount To Debit:

I hereby authorise Lonpac Insurance Bhd to debit my Credit Card Account for the above policies/cover notes/endorsements.

Card No.

VISA/Master

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Expiry Date

M	M	-	Y	Y	

Note : CVV Number is not required

*** For security purposes, please call Acct Dept @ 6250 7388 before fax (6291 4289) or email to annielee@lonpac.com or schau@lonpac.com with password encryption.**

** I hereby give consent to LONPAC INSURANCE BHD to collect and use my personal data contained in this form to process my application and all things ancillary to this application.

Cardholder's Name : _____

If Cardholder is different from Policyholder, please indicate relationship : _____

Cardholder's Signature: _____

Date : _____

FOR OFFICE USE

Transaction Date

Receipt No:

Attended By

Approval Code :

AC