

# PAYMENT AUTHORISATION FORM

Name of Policyholder : \_\_\_\_\_ NRIC No. / Passport No. : \_\_\_\_\_

## Please select payment method and provide details, where relevant:

### Cheque or Money Order

Please make cheque/ money order payable to **Chartis Singapore Insurance Pte. Ltd.** and indicate at the back of your cheque/ money order "Global Health Policy". Send cheque/ money order together with this duly completed form to : Chartis Singapore Insurance Pte. Ltd., Chartis Building, 78 Shenton Way, #09-16, Singapore 079120.

### Credit Card (For Full Payment of Premium)

I/We, the undersigned, authorize you to charge my credit card for payment of GlobalHealth Advantage Plan premium as stated below :

Please select one only :  Visa  Mastercard  Amex  Diners

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

Card Number     -     -     -

Expiry Date      
M M Y Y

### Credit Card (For 0% Interest Installment Payment of Premium)

I/We, the undersigned, authorize you to charge my credit card for payment of GlobalHealth Advantage Plan premium as stated below:

Please select one only :  DBS  POSB  UOB

Please select payment period :  6 monthly interest-free payment  12 monthly interest-free payment

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

Card Number     -     -     -

Expiry Date      
M M Y Y

### Notes for 0% interest installment payment:

1. For UOB 0% interest installment plan (IP) an administrative fee of S\$100 is payable in the event of premature cancellation or termination of the IP and/or credit card account.
2. 0% interest installment plans are not applicable for Corporate Cards, American Express Credit Cards and DBS Black Cards.
3. No mid term cancellation is allowed if Credit Card 0% Interest Installment Payment of Premium option is chosen.
4. 0% interest installment plans are available only if premium exceeds US\$ 500.

## Declarations:

1. Where a third party credit card is used, I/We declare that the card holder has authorized and consented to such use.
2. If I have opted for 0% interest installment payment, I agree to be bound by DBS/POSB or UOB Terms and Conditions governing Installment Payment Plan posted at [www.dbs.com](http://www.dbs.com) and [www.uob.com.sg](http://www.uob.com.sg) respectively.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

- Notes :
1. Credit card payment and effective date of cover is subject to credit card center's approval.
  2. All charges will be made in Singapore dollars at the exchange rate(s) then in force.
  3. Only Singapore credit cards are accepted.

## For Producer Use Only

I declare that I have obtained Health Insurance certification.

Signature :	
Producer Name :	Producer Code :
Address :	
Phone No. :	Email Address :

### For Office Use Only

Provider: \_\_\_\_\_

Plan Type: \_\_\_\_\_

For Addition (+) Notified on: \_\_\_\_\_ For Deletion (-) Notified on: \_\_\_\_\_

Administrator: \_\_\_\_\_

### Chartis Singapore Insurance Pte. Ltd.

CHARTIS Building  
78 Shenton Way #07-16  
Singapore 079120

Email: [membercare@globalhealthasia.com](mailto:membercare@globalhealthasia.com)

Web: [www.globalhealthasia.com](http://www.globalhealthasia.com)

[www.chartisinsurance.com.sg](http://www.chartisinsurance.com.sg)

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