

## CREDIT CARD PAYMENT AUTHORIZATION FORM



To:  
STAR CAPITAL INSURANCE PTE LTD  
167 Jalan Bukit Merah,  
The Connection, Tower 4  
Singapore 150167  
Fax: 627 627 35  
Email: payment@starcapitalinsurance.com

### PAYMENT INSTRUCTIONS

Name of Insured(s) : \_\_\_\_\_  
NRIC/Passport No. : \_\_\_\_\_  
Contact Number : \_\_\_\_\_ (HP) \_\_\_\_\_ (H)

SIRIUS Plan (if applicable) :

Platinum	Gold	Silver	Bronze
<input type="checkbox"/> Insured	<input type="checkbox"/> Insured	<input type="checkbox"/> Insured	<input type="checkbox"/> Insured
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Child 1	<input type="checkbox"/> Child 1	<input type="checkbox"/> Child 1	<input type="checkbox"/> Child 1
<input type="checkbox"/> Child 2	<input type="checkbox"/> Child 2	<input type="checkbox"/> Child 2	<input type="checkbox"/> Child 2

Vehicle No. (if applicable) : \_\_\_\_\_

Amount to be deducted : S\$ \_\_\_\_\_

### CREDIT CARD INFORMATION

I hereby authorize Star Capital Insurance Pte Ltd to charge my credit card (details below) for the insurance premium due.

VISA  MASTER CARD

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

Card Number :

Expiry Date :                       
M M Y Y Y Y Issuing Bank : \_\_\_\_\_

CVV2 No. (last 3 digits behind Credit Card near the Signature panel) :

Billing Address: \_\_\_\_\_  
(as per credit card billing) \_\_\_\_\_

Cardholder's Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
(As per credit card)

#### Terms & Conditions:

1. All information on this form must be fully completed otherwise the payment cannot be processed.
2. Should the transaction fail you will be notified to pay the premium in cash or cheque immediately, otherwise your insurance may be invalid.
3. For further enquiries please contact us at the above address or email to: enquiry@starcapitalinsurance.com