

PREMIUM PAYMENT INSTRUCTION FORM (CREDIT CARD DEDUCTION)

AGENT NAME & NAME OF INTERMEDIARY	AGENT CONTACT NUMBER

Important Notes

1. Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Instruction form, fully and faithfully, all the fact which you know or ought to know, otherwise the Policy issued may be void.
2. This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact HL Assurance Pte. Ltd. or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

POLICY HOLDER DETAILS

Full name as in NRIC (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	
NRIC/ FIN Number	
Mobile Number	
Email	
Address	

POLICY DETAILS

Product Name	
Quotation/ Policy Number	
Period of Insurance	to
Premium Amount	SGD\$

PAYMENT DETAILS (Mastercard/ VISA)

I/ We hereby authorize **HL Assurance Pte. Ltd.** to charge the stated annual premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorized and consented to use this.

Name as reflected on card	
Card No.	
CVV No.	
Card Expiry Date	
Amount	SGD\$

Declaration and Authorisation

I, and on behalf of each of the named and/or authorised driver(s) declare that:

1. I/We agree to insure my/our Motor Vehicle with HL Assurance Pte Ltd ("the Company"). I/We agree to accept the Company's Policy subject to the provisions and conditions of the policy. I/We agree to accept above mentioned Motor Vehicle is and will be kept in good conditions.
 - a) I/We agree that this declaration shall be the basis of the contract between me/us and HL Assurance I/We agree to accept the terms, exclusions and conditions of this Policy or endorsement incorporated thereon.
 - b) I/We declare that all the information provided in the Policy Application/this Instruction are true and correct and I/We have not withheld any information likely to affect the acceptance of the Policy Application/this Instruction, and all disclosed information and particulars have been verified by each of the Insured driver(s) as true, correct and complete.
2. I/We understand and agree that no insurance is in force until the PolicyApplication is accepted by HL Assurance and a Policy

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is issued.

3. I/We agree to give my/our consent for the Company to verify any given information with the relevant authority.
4. I/We acknowledge that should there be a change in any information provided, the premium quoted may be revised. I/We acknowledge that the No Claim discount is subjected to confirmation by my/our current insurer and any difference in the No Claim Discount may affect the premium quoted.
5. I/We agree to your Policy on Personal Data, that all personal data provided to HL Assurance or acquired by HL Assurance from the public domain, as well as personal data that arises as a result of the provision of services to me/us will be subjected to such Policy on Personal Data as may be varied from time to time. Please refer to the Company's website (www.hlas.com.sg) for more details.
6. By submitting the Policy Application/this Instruction, I/We give my/our consent to the Company:
 - a) collecting personal data about me/us (whether contained in the Policy Application/this Instruction or otherwise obtained) and using, disclosing and/or processing the same.
 - b) disclosing and/or transferring my/our personal data to the third parties whom HL Assurance liaise with, where such third parties are sited (whether in Singapore or outside of Singapore), for the Purposes as described in the Policy on Personal Data.
7. I/We understand that I/we may write to HL Assurance's Data Privacy Officer at 11 Keppel Road #11-01 ABI Plaza, Singapore 089057 or call 67020202 to withdraw my/our consent, for any request for access to and/or correction of any information supplied to HL Assurance.
8. I/We have read the Policy Document and understand that the insurance provided is subject to exclusions stated in the policy.
9. I/We consent that my/our personal data may be used by HL Assurance and its affiliates, and may be disclosed by HL Assurance to its affiliates to send me/us marketing and promotional information and materials via post and/or emails.

I/We agree to receive updates from HL Assurance and its affiliates on insurance products and promotions via SMS and/or phone calls.

SIGNATURE

DATE

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