

MASTERCARD / VISACARD DIRECT DEBIT AUTHORISATION

TO: QBE INSURANCE (MALAYSIA) BERHAD

| • | | INSURANCE (MALAYSIA) BERHA y Master / Visa* Credit Card. | D to charge my premi | um (inclusive of SST ar | ıd stamp duty | |
|--|-------------------|---|-------------------------------|---------------------------|----------------|--|
| Name of Cardholder | | | : | | | |
| Master / Visa Card no. | | | : | | | |
| Credit Card Issuing Bank (e.g. HSBC, SCB, MBB) | | | : | | | |
| Card Expiry Date | | | : | | | |
| Applicant's Name (if different from cardholder) | | | : | | | |
| Premium a | amount (Inclusive | of SST and stamp duty) | : RM | | | |
| | | ability of QBE INSURANCE (MALA) been accepted and the full premium | • | | | |
| | • | olease contact your bank to opt in to a on(s) cannot be performed by your b | • | ' transaction(s) with you | ır debit card. | |
| | | | | | | |
| Cardholder's signature | | | Dated : | | | |
| *Please o | delete whichever | is not applicable | | | | |
| Item | Account No. | Name of Insured/Agent | Policy No./ Cover Note No. | Amount (RM) Gross/Nett | | |
| | | | | | | |

| | | Cover Note No. | Gross/Nett | | |
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| TOTAL | | |
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