

Visa/Master Card Payment Form

CHUBB®

Insured Particulars

(please complete all)

Mr/Mrs/Mdm/Ms	
Address	
NRIC	
Occupation	
Tel (H/P)	
(H)	
(O)	
Email	
Fax	

Authorization/Declaration

I hereby authorize Chubb Insurance Malaysia Berhad to charge my credit

card the amount of RM _____

being premium due on Policy No/Cover Note No _____

VISA/Master Card No _____

Expiry Date of Card (mm/yy) _____

Card Issuance Bank _____

(please complete either one)

I am the Insured & Card Holder Cardholder

Name _____

NRIC (new) _____

Tel/HP _____

Relationship with Insured _____

(only spouse/children/parents is allowed)

Signature of Cardholder
(as appeared on your card)

Date

Important : This is a non-cancellation charge.

This form can be email to us at Customercare.MY@chubb.com or by post.