Mail Order Telephone Order Form: VISA / MASTER only

Credit Card Authorisation Slip

TOKIO MARINE
INSURANCE GROUP

To:

Tokio Marine Insurans (Malaysia) Berhad
Level 20, Menara Hap Seng 3, Plaza Hap Seng,
No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia

I hereby authorise you to charge my credit card account to pay for the following policies. Details of my credit card are stated below:

Date D D / M M / Y Y Y Y

No.	Policy/Endorsement No./Others	Amount Paid (RM)	
	GRAND TOTAL		

MY PERSONAL DETAILS

Cardholder's Name

Mobile no.

Cardholder's Signature

Date D D / M M / Y Y Y Y

Account Code

CREDIT CARD DETAILS

Credit Card no.

Credit Card Expiry Date

M M / Y Y Y Y

One time payment

Card Issuing Bank

☐ CIMB ☐ MBB ☐ Other _____

Instalment payment

Card Issuing Bank

☐ CIMB
- ☐ 3 months | Min. RM300
- ☐ 6 months | Min. RM600
- ☐ 12 months | Min. RM1,200

☐ MBB
- ☐ 6 months | Min. RM600
- ☐ 12 months | Min. RM1,200