

AIG Malaysia Insurance Berhad (200701037463) P O Box 11768, 50756 Kuala Lumpur Telephone: 1800 88 8811 / 603 2118 0188 Facsimile: 603 2118 0288

Direct Debit Authorization Form (DDA)

TRANSACTION TYPE			
New Case	R	newal Change of Credit Card	
POLICY DETAILS			
Insured Name: Insured Contact No & Emai Policy No / Cover Note No: Vehicle Registration No:	l: (If applicable only) (If applicable only)		
CREDIT CARD CHARGE DETAILS			
Recurrent Charges			
One-off Charge			
Installment Payment Plan	(IPP)* – 6 months	*IPP is only applicable for CIMB cardholder with payment of total combined premium of RM500 and above for the purchase of Insurance policies.	
I hereby authorize AIG Malaysia Insurance Berhad to charge the premium to my credit card as indicated below.			
Card Type: VISA MASTERCARD			
Credit Card No.			
Expiry Date: Mont	th Year		
Amount to charge: RM			
CARDHOLDER DETAILS (if Cardholder is not the Insured)			
Only payments for premium made by agent on behalf of the Insured or payments made by the Insured on behalf of the Insured's legal spouse, child and/or parent shall be accepted. AIG Malaysia Insurance Berhad reserves the right to immediately cancel the policy or renewal if the Insured's relationship with the Cardholder is found to be untrue.			
Cardholder Name:			
Cardholder Contact No:			
Relationship to Insured:			
 I, the credit cardholder hereby authorize AIG Malaysia Insurance Berhad to charge my credit card mentioned above ("My Credit Card") for payment of insurance premium for a policy as indicated above ("Insurance Policy") for the benefit of the insured person. I, the insured person understand that the Insurance Policy shall take effect only after successfully obtaining: (1) approval from the credit card company concerned; and (2) underwriting approval from AIG Malaysia Insurance Berhad based on the accompanying proposal form and/or renewal request. I, the credit cardholder further understand that the Direct Debit Instruction is also a standing instruction given to my credit card company to charge My Credit Card for payment of premium for this policy for any subsequent amount due to AIG Malaysia Insurance Berhad including charges for every renewal of the Insurance Policy which is approved by AIG Malaysia 			
 Insurance Berhad (applicable for recurrent charges only). I, the insured person understand that the policy or renewal will not be effective if this direct debit authorization request is 			
subsequently rejected by the credit card company.			
 I, the insured person/credit cardholder, further agree and consent that AIG Malaysia Insurance Berhad and/or its service providers may collect, use and process my personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG Malaysia Insurance Berhad's Privacy Notice as found at https://www.aig.my/privacy-notice. 			
Cardholder Signature		Insured Signature	
Date		Date	
PROPILEED VERIEICATION (for extension to resolution)			
PRODUCER VERIFICATION (for submission by producer only) I hereby confirm that the above information is given by the Cardholder and I have witnessed the signature of the Cardholder.			
	ove information is given b	Producer Code Producer Code	Jider.
Producer Name Producer Contact No.		Producer Code Producer Signature	