



Note: Fax the completed form to AIG Malaysia Insurance Berhad at 603 2685 4896

Direct Debit Authorization Form (DDA)

TRANSACTION TYPE

New Case

 Renewal

 Change of Credit Card

POLICY DETAILS

Insured Name: _____
 Insured Contact No: _____
 Policy No / Cover Note No: *(If applicable only)* _____
 Vehicle Registration No: *(If applicable only)* _____

CREDIT CARD CHARGE DETAILS

Recurrent Charges

One-off Charge

Easy Payment Plan (EPP)* – 6 months

EPP is only applicable for Citibank cardholder with payment of total combined premium of RM500 and above for the purchase of Personal Insurance policies.

I hereby authorize AIG Malaysia Insurance Berhad to charge the indicated premium as per the above selection to my credit card as indicated below.

Card Type: VISA MASTERCARD

Credit Card No.

Expiry Date: Month 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	

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.

Producer Name	Producer Code
Producer Contact No	Producer Signature