
**RENEWAL INSTRUCTION
CREDIT CARD PAYMENT AUTHORISATION FORM
(APPLICABLE TO EASY HOMECARE / HOME LIABILITY)**



TO : FWD GENERAL INSURANCE COMPANY LIMITED

PLEASE RENEW THE FOLLOWING INSURANCE POLICY(IES) :-

NAME OF POLICYHOLDER : _____

POLICY NO. : _____

DEBIT AMOUNT : _____

PAYMENT INSTRUCTIONS :-

TYPE OF CREDIT CARD : VISA MASTERCARD

CARDHOLDER'S NAME (IN ENGLISH) : _____

CREDIT CARD NO. : _____

EXPIRY DATE : _____

I HEREBY AUTHORISE FWD GENERAL INSURANCE COMPANY LIMITED TO DEBIT MY CREDIT CARD ACCOUNT SPECIFIED BELOW FOR THE PREMIUM OF THIS INSURANCE. I FURTHER ACKNOWLEDGE AND AGREE THAT THIS INSURANCE POLICY WILL BE AUTOMATICALLY RENEWED AND ANY SUBSEQUENT RENEWAL PREMIUM WILL BE DEBITED FROM MY CREDIT CARD ACCOUNT SPECIFIED BELOW UNTIL MY PRIOR WRITTEN INSTRUCTION FOR CANCELLATION.

CARDHOLDER'S SIGNATURE

DATE