Direct Debit Authorisation

HUBB°	Insured's Name			
	Policy No.			
	-			
	NRIC No.			
	Mobile No.			
	Note: Only payments made by the Insured/Cardholder on behalf of the Insured/Cardholder's legal spouse, child and/or parent shall be accepted. Chubb Insurance Malaysia Berhad reserves the right to immediately cancel the Policy or renewal if the Insured's relationship with the Cardholder is found to be untrue.			
	due as advised by Chubb fro	om time to time under the below. I agree that this au	aysia Berhad ("Chubb") to debit the per Policy(ies) stated above from my creather ithorisation is governed by the Terms	edit/deb-
	Type of Card [] Visa	[]	MasterCard	
	Cardholder's Name			
	Cardholder's Contact No. Relationship to Insured (if applicable)			
	Card No.	ррисавіе)		
	Card Expiry /			
	I further authorise Chubb t which had already been bil		e insurance premium for the transaction(s) indicated below ue for payment	
	Transaction	Date	Premium (RM)	

I understand that Chubb needs to deal with my personal data to administer my policy, process payment, and offer me insurance products and services. To achieve these purposes, I allow Chubb to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Chubb's Personal Data Protection Notice, which is found in Chubb's website at http://www.chubb.com/my-privacy. I may contact Chubb for access to or correction of my personal data, or for any other queries or complaints.

Cardholder's signature	
Cardholder's Name	
Cardholder's NRIC No.	
Date	

Note: Kindly email the completed form(s) to CustomerCare.MY@chubb.com. Alternatively, you may fax the completed form(s) to O3-20583088.

Terms and Conditions

In consideration of Chubb Insurance Malaysia Berhad ("Chubb") agreeing to accept my direct debit authorisation to my credit/debit card ("Card") account, I hereby agree to accept the following terms and conditions:

- Chubb shall not be held responsible for any claims, loss, damage and/or expenses arising from the successful or unsuccessful processing of the
 direct debit due to exceeding credit limits, insufficient funds in my account, malfunction of system, electricity failure and any other factors beyond
 the Chubb's control. I am, therefore, responsible to resolve all problems or dispute with my Card Issuing Bank arising from the processing or
 debiting of my Card.
- 2. I will notify Chubb in writing of any changes to my Card or cancellation of this authorisation at least one month before the next premium is due (if applicable). Any change will only be effective after Chubb has duly acknowledged receipt of such notice.
- 3. I hereby agree to keep Chubb indemnified against any claims, loss, damage and/or expenses which the Company may suffer or incur as a result of Chubb acting on my authorisation.
- 4.In the event that any moneys are refunded by Chubb for any reason, Chubb is authorised to refund the moneys to me by crediting the said sum into my Card account and shall thereafter be fully discharged from all obligations pertaining to the same. Should any dispute arise regarding the refund, I shall refer to the Insured directly for remedies and resolutions.
- 5. Unless and until Chubb receives written notification of my death, incapacity or revocation of this authorisation, this authorisation will remain in force and effective.

I hereby acknowledge that the policy or renewal will not be effective if this direct debit authorisation request is subsequently rejected by the Card Issuing Bank. I shall settle any outstanding premium until this authorisation is effective.

Contact Us

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Registration Number: 197001000564 (9827-A)
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Chubb. Insured.[™]