

## **Credit Card Debit Authorisation**

TO BE COMPLETED BY THE To: Zurich Life Insurance M I hereby request and authoropolicy (or policies).			ration No.:the following premium(s	
Cardholder's Details Name		NR	IC No.	
Card Number				
Expiry Date	-	Iss	uing Bank	
Master *	Visa* *Please tick whichever applicable			
1 Premium Instruction				
One-time Premium	I authorise ZURICH LIFE INSURANCE MALAYSIA BERHAD to charge my credit card for a one-time premium for the Life policy (or policies) specified below. I shall be responsible for arranging the premiums for any subsequent renewals.  Note: A single premium through credit card is limited to RM50,000.00 only.			
Recurring Premium	I authorise ZURICH LIFE INSURANCE MALAYSIA BERHAD to charge my credit card for the premium amount as advised by ZURICH LIFE INSURANCE MALAYSIA BERHAD from time to time for the life policy (or policies) specified below. I understand that all renewal premiums will be automatically charged to my credit card until further notice. If there are any overdue premiums, I understand that ZURICH LIFE INSURANCE MALAYSIA BERHAD will initiate up to two (2) successful deductions per month based on the policy's (or policies') premium frequency to catch up with pending premiums.			
Application / Policy No.	Name of Policyhold	er	Relationship to Cardholder	Premium Amount
Our policy require together with thin Please use a new It is mandatory to I fully understand and agree I hereby give my unconditionare at liberty to process the provided that the revelation	tricted to the cardholder's spouse, children, es all 3rd party contributors to complete Pays CCDA form.  form if you have more than 5 policies.  submit a copy of the credit card (front-side that this authorisation is governed by the conal and unequivocal consent to you and a sed ata and share the information revealed to of my personal data is strictly for the purche requirement set forth in the Personal Data	or Details Form for any ame only) for the one-time preserves and Conditions as spll your related Companies thereto with any of your serposes in relation to the instruction of the instruction of the instruction of the instruction of your serposes in relation to the instruction of your serposes in relation to the instruction.	emium. ecified overleaf. to process my personal d rvice providers and your	hat needs to be submitted lata revealed hereto. You other related companies
		Signature of Credit Card Holder		
		Address		
		Tel No.		
		E-mail		
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## Instructions

- 1. Please read the information stated in this form before you complete the authorisation form. Zurich Life Insurance Malaysia Berhad has the discretion to accept or reject this application without obligation to give reason therefor.
- 2. The authorisation form must be submitted to Zurich Life Insurance Malaysia Berhad at least 30 days before the expiry of the first deduction date. All overdue premium(s) falling due up to the expected first deduction date must be made in full before the submission of this authorisation form.
- 3. If you wish to use a different credit card account for the premium of a different policy (or policies), a separate authorisation form is required for each credit card account.
- 4. Please send this Credit Card Debit Authorisation Form to the nearest Zurich Life Insurance Malaysia Berhadbranch.
- 5. The following Terms and Conditions form an integral part of this authorisation.

## **Terms & Conditions**

- 1. I shall accept full responsibility for all transactions arising from the use of this credit card for the premium(s) of the said policy (or policies).
- 2. Zurich Life Insurance Malaysia Berhad shall not be held responsible or liable for any claims, loss, damage, costs and expenses arising from the successful or unsuccessful processing of the debit due to exceeding credit limit, malfunction of the system, electricity failure and/or any other factors beyond the control of Zurich Life Insurance Malaysia Berhad.
- 3. Zurich Life Insurance Malaysia Berhad is only responsible for making arrangement to debit my credit card account though the Card Centre as authorised by me. I acknowledge and agree that the Credit Card Debit Authorisation service is provided by Zurich Life Insurance Malaysia Berhad solely for my convenience and benefit. Therefore, any problems or disputes arising from the processing/debiting will be my own responsibility to resolve with my credit card company (including but not limited to any problems due to a breakdown or malfunction or mechanical defect of the computer system or equipment of the credit card company).
- 4. I hereby agree to jointly and severally indemnify and keep you indemnified in full against any claims, loss, damage, costs and expenses which Zurich Life Insurance Malaysia Berhad may suffer or incur arising from my authorisation to debit my credit card account as aforesaid.
- 5. Premium(s) will be considered as settled only upon the successful processing of the debit by the credit card company, and the actual receipt of the full premium(s), as the case may be by Zurich Life Insurance Malaysia Berhad.
- 6. I will ensure that Zurich Life Insurance Malaysia Berhad is notified in writing of any changes, loss or replacement of my credit card, or cancellation of this authorisation at least one (1) month before the next premium is due. Such changes or cancellation will become effective only after Zurich Life Insurance Malaysia Berhad has duly acknowledged the receipt of suchnotification.
- 7. Zurich Life Insurance Malaysia Berhad may at its sole and absolute discretion terminate this Credit Card Debit Authorisation service at any time without assigning any reason by giving the policyholder a notice inwriting.
- 8. **Amendment** If the premium amount(s) for the above policy (or policies) is changed for any reason, Zurich Life Insurance Malaysia Berhad is authorised to change the amount to be charged to or debited from the above credit card account accordingly irrespective of whether the Credit Card Holder is the Policyholder and irrespective of whether the Credit Card Holder has received a notice of the change in the premium amount.
- 9. **Cancellation** To discontinue the Credit Card Debit Authorisation service and terminate this authorisation, the Policyholder or the Credit Card Holder must inform Zurich Life Insurance Malaysia Berhad in writing at least one (1) month from the deduction date of the next premium due date.
- 10. **Receipts** Receipts will not be issued for recurring premiums made through the Credit Card Debit Authorisation service. I shall refer to my credit card statements for confirmation of premium(s) made.
- 11. Zurich Life Insurance Malaysia Berhad will initiate an attempt to deduct the total sum of premium. No partial deduction of the total sum will be made in any instance.
- 12. In the event, that any moneys charged to or debited from the above credit card account is refundable by Zurich Life Insurance Malaysia Berhad for any reason, Zurich Life Insurance Malaysia Berhad is authorised to refund the same to either the Policyholder or the Credit Card Holder and shall thereafter be fully discharged from all obligations pertaining to the same. Should any disputes or issues arise regarding any premiums or refund of premiums made pursuant to this authorisation, both the Policyholder and Credit Card Holder shall refer to only each other for remedies and resolutions.

Zurich Life Insurance Malaysia Berhad Registration No. 196801000442 (8029-A)

Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia

Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

www.zurich.com.my



## **Personal Data Protection Declaration**

I/We understand and agree that by signing up for any products offered by Zurich Life Insurance Malaysia Berhad ("the Company"), interacting with the Company and submitting my/our information to the Company, I/we have consented on the collection, processing, using and sharing of my/our personal data including my/our sensitive personal data by and for the Company.

Saya/Kami memahami dan bersetuju bahawa dengan mendaftar untuk mana-mana produk yang ditawarkan oleh Zurich Life Insurance Malaysia Berhad ("Syarikat"), berinteraksi dengan Syarikat dan mengemukakan maklumat saya/kami kepada Syarikat, saya/kami telah bersetuju dengan pengumpulan, pemprosesan, penggunaan dan perkongsian data peribadi saya/kami termasuk data peribadi sensitif saya/kami oleh dan untuk Syarikat.

I/We understand and agree that the personal data provided may be used, processed and disclosed by the Company to individuals/organization related to and associated with the Company or any appointed third party (within or outside of Malaysia, including reinsurance, claims investigation companies and industry associations and federations) for the obligatory purposes of processing this application and providing subsequent service for this product and/or communicate with me/us for such purposes; as described in the Company's Personal Data Protection Notice published at <a href="https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice">https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice</a>.

Saya/Kami memahami dan bersetuju bahawa data peribadi yang diberikan boleh digunakan, diproses dan didedahkan oleh Syarikat kepada individu/organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dilantik (di dalam atau di luar Malaysia, termasuk insurans semula, syarikat penyiasatan berkenaan tuntutan dan persatuan industri dan persekutuan) untuk tujuan yang diperlukan bagi memproses permohonan ini dan menyediakan perkhidmatan selanjutnya untuk produk ini dan/atau berkomunikasi dengan saya/kami untuk tujuan tersebut; seperti dinyatakan dalam Notis Perlindungan Data Peribadi Syarikat yang dipaparkan di <a href="https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice">https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice</a>.

I/We understand that I/we have the right to access, update, change or opt-out my/our personal data held by the Company concerning me/us. Such requests can be made through forms which can be downloaded at the Company's website or in writing at the Company's nearest branches.

Saya/Kami memahami bahawa saya/kami mempunyai hak untuk mengakses, mengemaskini, mengubah atau memilih untuk tidak berkongsi data peribadi saya/kami yang disimpan oleh Syarikat mengenai saya/kami. Permintaan tersebut boleh dibuat dengan melengkapkan borang yang boleh dimuat turun di laman web Syarikat atau secara bertulis di cawangan Syarikat yang terdekat.

I/We understand that inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information) can be made by contacting the Company's Customer Care Officer at 1-300-888-622, or by visiting/writing to the Company at <a href="mailto:CallCentre@zurich.com.my">CallCentre@zurich.com.my</a>.

Saya/Kami memahami bahawa pertanyaan atau aduan (seperti mengehadkan pemprosesan maklumat tertentu, termasuk penarikan balik persetujuan untuk menerima maklumat pemasaran) boleh dibuat dengan menghubungi Pegawai Khidmat Pelanggan Syarikat di 1-300-888-622, atau dengan melawat/menulis kepada Syarikat di CallCentre@zurich.com.my.

I/We understand that the Company's Personal Data Protection Notice may be updated from time to time in line with the requirement set forth in the Personal Data Protection Act 2010 and Personal Data Protection Code of Conduct for Insurance Industry and the updated Personal Data Protection Notice is being published at the Company's website.

Saya/Kami memahami bahawa Notis Perlindungan Data Peribadi Syarikat boleh dikemas kini dari semasa ke semasa selaras dengan keperluan yang dinyatakan dalam Akta Perlindungan Data Peribadi 2010 dan Tatakelakuan Perlindungan Data Peribadi untuk Industri Insurans dan Notis Perlindungan Data Peribadi yang terkini adalah dipaparkan di laman web Syarikat.