TRINITY GENERAL INSURANCE COMPANY LIMITED
三 聯 保 險 有 限 公 司

PREMIUM PAYMENT BY CREDIT CARD
信 用 咭 繳 費

We are accepting premium payment through credit cards. From now on, you may choose to have your Insurance Premium paid by **VISA** and **MasterCard**; simply just fill in, sign and return this authorization form to us.

本公司已開始接受信用咭繳付保費。現在開始 貴客戶可選擇利用 **VISA** 或**萬事達咭**繳交應付之保險費； 閣下只須填妥及簽署下列授權書寄回本公司，過程簡單容易。

致 ： 三聯保險有限公司

1. 本人/本公司現授權三聯保險有限公司（「三聯保險」)從本人/本公司之信用咭賬戶(「咭賬戶」)扣除有關以下之保險費(「相關金額」)。
2. 本人/本公司同意本人/本公司之發咭銀行(「銀行」)，只需在本人/本公司每月信用咭賬戶月結單上註明所扣除的相關金額即可。此外，銀行毋須將有關扣款另行通知本人/本公司。
3. 本人/本公司同意如本人/本公司之咭賬戶之信貸額不足以支付應扣款項時，銀行將有權自行決定從本人/本公司賬戶上扣除該款項。
4. 若由於扣款額造成本人/本公司之咭賬戶之結欠賬款高於信貸額，本人/本公司將自行承擔所有責任。
5. 本人/本公司同意提供本人/本公司之信用咭**正面及背面**之副本，作為三聯保險所提供保險服務包括信貸查核及債務追討之用。
6. 此授權書即時生效。

To: Trinity General Insurance Company Limited

1. I/the company hereby authorize Trinity General Insurance Company Ltd. ("Trinity Insurance") to charge my/the company's card account ("Card Account") for the Insurance Premium ("the relevant amounts") specified below.
2. I/the company agree that the card issuing bank (the "Bank") shall debit the relevant amounts from my/the company's monthly Card Account statement, and the Bank shall not be obliged to ascertain whether or not notice of any such debit has been given to me/the company.
3. I/the company agree that should there be insufficient credit available in the Card Account to meet such debit, the Bank shall nonetheless be entitled, in its discretion, to effect such debit.
4. I/the company accept full responsibility for any consequences of the existing limit applicable to my/the company's Card Account being exceeded.
5. I/the company agree to provide a copy of **both sides** of my/the company's Card to Trinity Insurance for the purpose of provision of insurance services including conducting credit checks and debt collections.
6. This authorization shall have effect immediately.

PAYMENT AUTHORIZATION FORM 付款授權書

CREDIT CARD ACCOUNT DETAILS 信用咭戶口資料

Credit Card No.
信用咭號碼 | | | | | | | | | | | | | | | |

Credit Card Expiry Date
信用咭有效期至 | | Month 月 | | | | Year 年

☐ **VISA** 咭 ☐ **MasterCard** 萬事達咭

Cardholder's Name
信用咭持有人姓名

HKID Card/Passport No.
香港身份證/護照號碼

I hereby authorize **Trinity General Insurance Company Limited** to charge my above Credit Card for the Insurance Premium of this Insurance Policy.
本人授權**三聯保險有限公司**從本人上述之信用咭賬戶支取有關此保險單之保險費。

Insurance Policy No./Cover Note No./
Vehicle Registration Mark
保險單號碼/暫保單號碼/車牌號碼 ：…….....

Insurance Premium
保險費 ： **HK$**.....

Cardholder's Signature
持咭人簽署 ……

Date
日期 ……..…...

注意事項:

1. 閣下之簽署式樣須跟閣下之信用咭上的式樣相同，並在所有曾更改的地方簽署。(公司咭客戶須同時蓋上公司印在本表格上及提供公司之授權書)。
2. 此授權只適用於以保戶名義登記之信用咭賬戶。
3. 如閣下在保險單生效前取消保險單，本公司將向閣下收取相等於保險費百分之五之行政費用。

Notes:

1. Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way. (Company Card holder must stamp company chop on this form and provide an authorization letter from the company)
2. This Authorization in only applicable for Credit Card Account under the registration of the Insured.
3. The Company will charge you an amount equivalent to 5% of the Premium for administrative fee in the event that you cancel the Insurance Policy before its effective date.