



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)

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## Credit Card Holder Details Form (GlobalCare Health only)

HSBC Life Payment



Please submit your credit card details via the HSBC Life Payment portal before completing and submitting this form to HSBC Life (Singapore) Pte. Ltd.

Credit Card Holder Details	
Name of credit card holder	Policy number (s)
NRIC/passport no.	.....
Contact no.	.....
Relationship (if credit card holder is not the Policyowner) If the credit card holder is not the policyowner, please submit <b>a copy of the credit card holder's NRIC</b> along with this form.	
Name of policyowner (if credit card holder is not the Policyowner)	

Notes
1) Only credit cards belonging to the Policyowner or Life Insured of the policy are allowed.
2) Premiums will be charged to your credit card and no official receipt will be issued. Please refer to your credit card statement for evidence of payment.
3) Premiums that are charged to your credit card exceeding its credit limit available at the time of charge will be rejected. Please ensure that your credit limit is sufficient at the time of charge.
4) If any charge is unsuccessful for any reason, the policyholder will remain liable for the premium to be paid on this policy.

Declaration and Authorisation	
1) Consent to use of personal data I understand that HSBC's Data Privacy Policy (which may be found at <a href="https://www.insurance.hsbc.com.sg/privacy-and-security/">https://www.insurance.hsbc.com.sg/privacy-and-security/</a> ) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.	
2) I confirm that the information provided in this form is correct and complete. I understand and agree that my request is subject to the terms and conditions as stated in this form and the Policy Contract and is effective only when it has been officially accepted by HSBC Life (Singapore) Pte. Ltd.	
Signature of Credit Card holder	Signature of Policyowner (if credit card holder is not the Policyowner)
Date:	Date: