|  |  |
| --- | --- |
| **INSURANCE PAYMENT AGREEMENT FORM** |  |
| **TO:** | **JUBILEE (MAURITIUS) INSURANCE LIMITED** |
| **DATE** |  |
| **FROM:** |  |
| **NAME** |  |
|  |  |
| **ADDRESS** |  |
|  |  |
| **TELEPHONE Nos.** | **HOME:** | **MOBILE PHONE:** |  |
|  | **OFFICE:** |
| **Our Reference.** |  | **OUTSTANDING BALANCE (if any)** | **Rs.** |

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|  |  |  |
| --- | --- | --- |
| **TYPE OF INSURANCE REQUIRED** | **HEALTH** |  |

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|  |  |  |
| --- | --- | --- |
| **OTHER(S) Kindly Specify** | **:** |  |

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|  |  |  |
| --- | --- | --- |
| **TYPE OF TRANSACTION** | **NEW** |  |

\*

|  |  |
| --- | --- |
| **RENEWAL** |  |

\*

|  |  |
| --- | --- |
| **ENDORSEMENT** |  |

|  |  |
| --- | --- |
| **AMOUNT FOR TRANSACTION TO BE PROCESSED** | **Rs.** |

|  |
| --- |
| **MODE OF PAYMENT** |
| **ALT1: PAYMENT IN FULL** | **\*** | **Rs.** |  |
| **ALT2: DEPOSIT** | **\*** | **Rs.** |
| **No. / AMOUNT OF MONTHLY INSTALLMENT** | **\*** | **Rs.** |
| **ALT3: STANDING ORDER** | **YES / NO** | **STARTING DATE:** |  |

SIGNATURE OF CLIENT

SIGNATURE OF AGENT

APPROVED SIGNATURE

\* PLEASE TICK (WHERE APPROPRIATE)

 NB: At renewals all outstanding balances must be settled