|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.** | |

\*

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

\*

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

\*

|  |  |  |
| --- | --- | --- |
| **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