



The Health Insurance Specialist

# Star Health and Allied Insurance Co. Ltd.

## Standing Instruction Form

To  
Star Health and Allied Insurance Company Limited.  
No.1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai - 600 034.

I hereby authorize Star Health & Allied Insurance Co. Ltd to debit my credit card account towards the premium payable by me under the proposal form being submitted for the insurance cover as per details given below:

Proposal Form no : \_\_\_\_\_

Name of the credit card holder : \_\_\_\_\_  
(As appearing on the Credit card)

Date of Birth (dd/mm/yyyy) :

Credit card type :  Master Card  VISA  Diner's Club  Others \_\_\_\_\_

Credit card no. :

Expiry date (mm/yy) :

Issuing bank : \_\_\_\_\_

Premium Amount Payable :Rs. \_\_\_\_\_

### I understand:

1. That the entire charge on account of these instructions shall be valid and binding for the above transaction only.
2. That the record of charges with respect to the above service received or availed by me and submitted to my card account, will neither bear my signature nor the imprint of my card.
3. That I therefore undertake to unconditionally honor and pay without demur or contestation all the said charges including interim charges when I'm billed for the same by the above mentioned bank.
4. That in case the bank declines payment against this card, no cover will attach under the proposed policy.

Date: .....

Signature of Proposer

Place: .....