

## Star Health and Allied Insurance Co. Ltd.

The Health Insurance Specialist

Phone - 044 49631256 / 49631257

## **Standing Instruction Form**

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 pemium 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 Other Credit Card No. Expiry Date (mm / yy) Issuing Bank Premium Amount Payable l 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 honour and without or contestation all the said charges including interim charges when I'm billed for the same by above mentioned bank. That in case the bank declines payment against this card, no cover will attach the proposed policy. Date : ..... Signature of Proposer Zonal Office: No.42, MKM Chambers, 1st Floor, Kodambakkam High Road, Nungambakkam, Chennai - 600 034.