

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		*
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OTHER(S) Kindly Specify	:		*
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TYPE OF TRANSACTION	NEW		*
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RENEWAL		*
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ENDORSEMENT		*
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AMOUNT FOR TRANSACTION TO BE PROCESSED	Rs.
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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