

CREDIT CARD FORM FOR POLICY PAYMENT



* Insured Name / Surname *

* Card Owner Name / Surname *

* Card Owner ID No *

* Card Owner Birth Date *

DAY			MONTH			YEAR				
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Address:

* Mobile Phone Number No *

Credit Card Bank Name

* Credit Card No * (16 digits) / / /

* Card Expiry Date * (4 digits) / * CVC Code * (3 digits)

Broker Company Name & ID

* Policy No / Addendum No *

PAYMENT PLAN SINGLE ☒

PAYMENT DATE

PAYMENT AMOUNT

____/____/____

TOTAL PAYMENT

Total Payment in writing

* Mandatory information to fill in *

I hereby consent to the debiting of my Credit Card account for the payment amount specified above in respect of the policy/addendum, unless otherwise instructed by me in writing, and I further undertake to act in full compliance with the provisions set forth hereinbelow.

DATE: ____/____/____ SIGNATURE

Dear Cardholder,

We kindly request that you complete the policy payment form with due care, in order to avoid any potential adverse consequences. Please ensure that the payment dates and amounts are entered in strict accordance with the payment schedule specified in the policy/addendum. By executing this payment instruction, you hereby authorize Türk P&I Sigorta A.Ş. to collect the premium down payment and installments stipulated under the policy from your Credit Card account. For the avoidance of doubt, the insurance premium shall be deemed collected on the date the respective amount is charged to your Credit Card account. Accordingly, we remind you of your obligation to maintain sufficient available funds in said account for collection purposes. To secure the continuity of insurance coverage and to enable the timely settlement of claims under the responsibility of the Insurance Company, we kindly advise you to verify, through your Credit Card statements, that the payment orders issued in favor of Türk P&I Sigorta A.Ş. are duly executed on their respective due dates. In the event that authorization cannot be obtained due to reasons such as non-renewal, theft, loss of your Credit Card, or insufficient account balance, you are requested to immediately notify the Collections Department of Türk P&I Sigorta A.Ş. at +90 216 545 03 00 or via email at maliisler@turkpandi.com. Should you have any overdue premium obligations, we further request that you arrange settlement directly to the designated bank account of Türk P&I Sigorta A.Ş.

Respectfully,

Türk P&I Sigorta A.Ş.

Collection Department (email: maliisler@turkpandi.com)

Office address: Finanskent Mah. Finans Cad. No:46/3 K3 Blok 12. Kat Ofis No:74 34760 Ümraniye, İstanbul, Türkiye

Tel : (0850) 420 81 36 Fax: (216) 545 03 01 Alemdağ VD. No: 8760626568