



Reference no: _____

(A) INSTALMENT PAYMENT PROGRAM APPLICATION FORM

BRANCH : _____

MARKETING NAME : _____

AGENT NAME : _____

AGENT CODE : _____

CUSTOMER NAME : _____

CUSTOMER/CLIENT CODE : _____
(if available)

No.	Policy Number	Issued Date	Premium (RM)

Total Premium:

Instalment Plan
(Please tick where applicable)

- 4 Months' Instalment for RM5,000 to RM30,000
- 5 Months' Instalment for RM30,001 to RM100,000
- 6 Months' Instalment for RM100,000 and above

Acknowledgement and Signature

- I/We would like to apply for this program and understand that by doing so, AmGeneral shall have the absolute right to approve or decline the application without assigning any reason whatsoever.
- I/We hereby agree that AmGeneral reserves the right to perform cancellation of the above policies if no payment is made according to the agreed instalment plan.

Name:

Company rubber stamp and address:

Date:

(B) FOR OFFICE USE ONLY

Reference no:

Outstanding premium due to AmGeneral : Yes / No

If yes, please state the outstanding amount _____ and provide the detail on the outstanding

Approve / Disapprove

Remarks : _____

Checked and verified by:

Approved by CDO:

Name:

Name : Grace Quah Seok Chen

Date :

Date:

(C) FOR OFFICE USE ONLY – Processing Unit

No.	Policy No.	Endorsement No.	Endorsement Date	Operator ID

Checked by : _____

Date :