

Policyholder Name: \_\_\_\_\_

Policy Number (if known): \_\_\_\_\_

## Choose your Premium Payment Frequency

**Bank Transfers**

Please send full payment (inclusive of all bank charges and surcharges) to:

**Beneficiary Bank**

<u>IDR Account</u>	<u>USD Account</u>
Bank Name : Bank Mega	Bank Name : Bank Mega First
Bank Account : 01.074.00.11.22222.2	Bank Account : 01.901.2011.00118.0
Account Name : PT. Asuransi Umum Mega	Account Name : PT. Asuransi Umum Mega
Bank Address : Jalan Kapten Tendean Kav. 12-14A Menara Bank Mega Jakarta 12790	Swift Code : MEGAIJJA Bank Address : Jalan Kapten Tendean Kav. 12-14A Menara Bank Mega Jakarta 12790

- Note:**
- All bank charges will be borne by the remitter.
  - Please indicate your Policy Number as a payment detail to your banker.
  - Please fax +62 21 7917-5024,7917-5018 or email (megaindoapp@globalhealthasia.com) the bank remittance advice or instruction slip with your Policy Number to Mega Insurance email accounting records and to issue an Official Receipt.

**Credit Card**

Additional costs may be incurred if you choose payment using Credit Card

I/we, the undersigned, authorize you to charge the following credit card for payment of Mega insurance premiums.	
Credit Card: VISA	Currency: IDR
Card No.:	Expiry Date (mm/yy):
Issuing Bank:	
Cardholder's Name:	
Do you wish to opt for automatic credit card billing for future renewals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I also authorize Mega Insurance, until further notice in writing, to charge this credit card with unspecified amounts in respect of annual premium payments as and when these become due. Mega Insurance will inform us in advance of any premium adjustments.	
Signature:	Date:

DATA PRIVACY: It is hereby declared that as a condition precedent to the liability of the Company, the Insured Person(s) has agreed that any personal information collected or held by the Company is provided and may held, used and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside Hong Kong) for the purpose of processing the application and providing subsequent services for this and other financial products and services, direct marketing, data matching, and to communicate with the Insured Person(s) for such purposes. The Insured Person(s) has the right to obtain access to and to request correction of any personal information held by the Company concerning the Insured Person(s). Such request can be made to the Company's Data Privacy Officer at privacy@globalhealthasia.com.

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