APPLICATION FORM

Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this application form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

Plan Selected: Tick appropriate box ( ) Gold Plan Individual Silver Plan Individual Silver Plan Family

Name:

Relationship (Family Plan only)

NRIC/Passport No.

Date of Birth: / / Premium:

Name:

Relationship (Family Plan only)

NRIC/Passport No.

Date of Birth: / / Premium:

Name:

Relationship (Family Plan only)

NRIC/Passport No.

Date of Birth: / / Premium:

Name:

Relationship (Family Plan only)

NRIC/Passport No.

Date of Birth: / / Premium:

Name:

Relationship (Family Plan only)

NRIC/Passport No.

Date of Birth: / / Premium:

Total Premium S$

Address in Singapore: _____

_____

_____

_____ Tel (H): _____

Tel (O): _____ Tel (M): _____

Email: _____

TRAVEL INFORMATION & DURATION OF COVERAGE *Tick appropriate box ( )*

SINGLE TRIP: For trip up to 185 days

No. of days ☐☐☐ from ☐☐/☐☐/☐☐☐☐

ANNUAL MULTI-TRIP: Multi-trips, subject to maximum 90 days per Trip

Effective Date (DD/MM/YY) **Expiry Date** (DD/MM/YY)

☐☐/☐☐/☐☐☐☐ ☐☐/☐☐/☐☐☐☐

GEOGRAPHICAL AREA ASEAN ASIA WORLDWIDE

Please debit from my AMEX/MasterCard/VISA Credit/Debit Card.

Card No.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date (MM/YY) Verification Code

☐☐/☐☐ ☐☐☐☐

This Policy is subject to Payment Before Cover Warranty, ie. full premium payment must be made before inception at the time of documentation. No refund of premium is allowed for the Single Trip Plan once the Certificate of Insurance and/or Policy is issued.

WARRANTY

- Pre-existing medical conditions are not covered by the Policy.
- The trip must not be for the purpose of seeking medical attention.
- The Insured Person(s) must be domiciled in Singapore.

DECLARATION

I/We hereby declare that I am/we are in good health and am/are aware of and agree to abide by the Policy's Terms, Conditions and Exclusions. I/We also understand that the issuance of the policy is based on all statements and answers set out in this Application Form which are complete and true. I am/We are aware that I/we can seek advice from a qualified adviser before making a commitment to purchase the product. In the event that I/we choose not to seek advice from a qualified adviser, I/we take sole responsibility to ensure that this product is appropriate for financial needs and insurance objectives.

Signed by or on behalf of the Insured Person(s) Date