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INSURE & TRAVEL APPLICATION FORM

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

1.	1. Plan Selection (Please put a ✓ tick in the box where applicable)								
	P	Plan Type Single Trip Individual Plan Family Plan Annual Multi-Trip – E Individual Plan			☐ Essential Plan ☐ Preferred Plan ☐ Essential Plan ☐ Preferred Plan ☐ Preferred Plan ☐ Sesential Plan ☐ Preferred Plan ☐ Family Plan ☐ Family Plan				
	(Geographical Area	□ ASEAN		□ Asia			Worldwide	
	*	Period of insurance From// To/ To/ * The maximum period of insurance for Single Trip Plan is 185 days. A journey/ trip shall involve return to Singapore within the period of insurance. * For Annual Multi-Trip Plan, the maximum number of day per trip shall not exceed 90 days.							
2.	Appl	Applicant's Particulars							
	Name (as in NRIC/Passport) of Main Applicant Mr/ Dr/ Mdm/ Mrs/ Miss Address								
	Home	Home Telephone Number				Office Telephone Number			
	Mobile Telephone Number			Email Address					
	NRIC/ Passport Number				Nationality ☐ Singapore/ S'pore PR ☐ Others				
	Date of Birth			Marital Status					
3.	Additional Insured Person's Particulars								
								D	
	No.	Name		NRIC/ Passport Number		Date of Birth	Relationship to Main Insured	Premium	
							Total D	- C¢	
		Total Premium S\$							



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Name of Main Applicant: **Mode of Payment (Please put a ✓ tick in the box where applicable)** This policy is subject to Payment Before Cover Warranty, ie. full premium payment must be made before policy inception at the time of documentation. Any cancellation of policy once it is issued will be subject to \$\$25 administration charge for Single Trip Plan or short term rate for Annual Multi-Trip Plan, provided there is no claim made under the policy. (including 0% GST) to my ^MasterCard/ Visa credit/ debit card or American Express card. (*Please delete where applicable*) Card Number: V-code: __/__ Expiry Date: I enclose a cheque for S\$ (including 0% GST) payable to **United Overseas Insurance** Limited. Cheque Number: Bank: 5. Applicant's Declaration I hereby declare that the above statements and particulars are complete and correct and that no facts have been suppressed or mis-stated. I agree that this proposal shall form the basis of the contract between the UOI and I. I am aware that I can seek advice from a qualified adviser before making a commitment to purchase the product. In the event that I choose not to seek advice from a qualified adviser, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives. I acknowledge and agree that UOI may collect, use, disclose, transfer my personal data for the Purposes stated in UOI's Privacy Notice which can be found at www.uoi.com.sg. I further acknowledge by providing personal data relating to a third party (eg. Information of my dependent, spouse, children, parents and/or employees), I represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the personal data for the Purposes stated in UOI's Privacy Notice. I am aware that UOI may disclose personal data collected to its third party service providers or agents (including lawyers/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by UOI, would be processing the personal data for UOI for one or more of the above Purposes. This may include disclosure to industry association. Main Applicant's Signature Date