

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. Plan Selection (Please put a ✓ tick in the box where applicable)

Plan Type	<input type="checkbox"/> Single Trip <input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan <input type="checkbox"/> Annual Multi-Trip – Essential Plan only <input type="checkbox"/> Individual Plan	<input type="checkbox"/> Essential Plan <input type="checkbox"/> Essential Plan <input type="checkbox"/> Family Plan	<input type="checkbox"/> Preferred Plan <input type="checkbox"/> Preferred Plan
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Geographical Area	<input type="checkbox"/> ASEAN	<input type="checkbox"/> Asia	<input type="checkbox"/> Worldwide
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Period of insurance From ___/___/____ 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. Applicant's Particulars

Name (as in NRIC/Passport) of Main Applicant Mr/ Dr/ Mdm/ Mrs/ Miss	
Address	
Home Telephone Number	Office Telephone Number
Mobile Telephone Number	Email Address
NRIC/ Passport Number	Nationality <input type="checkbox"/> Singapore/ S'pore PR <input type="checkbox"/> Others
Date of Birth	Marital Status

3. Additional Insured Person's Particulars

No.	Name	NRIC/ Passport Number	Date of Birth	Relationship to Main Insured	Premium
Total Premium					S\$

