

United Overseas Insurance Limited 3 Anson Road #28-01 Springleaf Tower Singapore 079909 Tel: (65) 6222 7733 Fax: (65)6327 3869/ (65)6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg Co. Reg. No 197100152R

UNITED PERSONAL ACCIDENT INSURANCE 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.

3. Do you engage in any activities or hobbies normally regarded as dangerous? 4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? 5. Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? 6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	Please tick:			Annual Premium			
Applicant's Particulars Full Name :		Plan 1		S\$139.10 (including 7	% GST)		
Full Name :		Plan 2		S\$321.00 (including 7% GST)			
Postal Code	Applica	nt's Particulars					
Postal Code							_
Mobile Phone: E-mail: NRIC no.: NRIC no.: NRIC no.: Marital Status: Questionnaires 1. Are your occupational duties Please Tick a) Administrative b) Supervisory c) Manual YES NC 2. Is any machinery other than hand tools used in relation to your usual work? 3. Do you engage in any activities or hobbies normally regarded as dangerous? 4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? 5. Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions?							
Date of Birth :	Contact Number :		Home:		Office		—
Occupation : Marital Status: Questionnaires 1. Are your occupational duties Please Tick a) Administrative			Mobile Phone:				
Questionnaires 1. Are your occupational duties Please Tick a) Administrative			' <u>'</u>				
1. Are your occupational duties a) Administrative b) Supervisory c) Manual YES NO 2. Is any machinery other than hand tools used in relation to your usual work? 3. Do you engage in any activities or hobbies normally regarded as dangerous? 4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? 5. Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? 6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	Occ	cupation :			Marital Status:		—
a) Administrative b) Supervisory c) Manual YES NO 2. Is any machinery other than hand tools used in relation to your usual work? 3. Do you engage in any activities or hobbies normally regarded as dangerous? 4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? 5. Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? 6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	Questio	onnaires					
2. Is any machinery other than hand tools used in relation to your usual work? 3. Do you engage in any activities or hobbies normally regarded as dangerous? 4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? 5. Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? 6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	1.	a) Administrativeb) Supervisory		Please Tick			
4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? 5. Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? 6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	2.	Is any machinery o	ther than hand tools	s used in relation to your	usual work?	YES	NO
injury during the past five years? Has any insurer in connection with Accident, Sickness or Life insurance ever (a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	3.	Do you engage in a	ny activities or hob	bies normally regarded a	s dangerous?		
(a) deferred or declined a proposal, refused renewal or terminated an insurance? (b) Required an increased premium or imposed special conditions? 6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?	4.						
insurance company(ies)?	5.	(a) deferred or declined a proposal, refused renewal or terminated an insurance?					
If any of the above answers from 2 to 6 is "YES", please provide details below:-	6.						
	If any of	f the above answers fr	rom 2 to 6 is "YES"	", please provide details	below:-		
							_
					•	_	



UNITED PERSONAL ACCIDENT INSURANCE APPLICATION FORM					
Name	of Applicant:				
	ation declare that the statements and particulars are complete and correct and that no facts have been suppressed tated. I agree that this proposal shall form the basis of the contract between me and the Company.				
	are that I can seek advice from a qualified advisor before I sign this application form. Should I choose not are sole responsibility to ensure that this product is appropriate to my financial needs and insurance es.				
Applica	nt's Signature Date				
This po	f Payment icy is subject to Payment Before Cover Warranty, ie. full premium payment must be made before policy n at the time of documentation.				
	harge S\$ (including 7% GST) to my * VISA/ Mastercard Credit/ Debit Card e as appropriate)				
	Card No V-Code:				
	I enclose a cheque for S\$ (including 7% GST) payable to United Overseas Insurance Limited. Bank/ Cheque no:				