

INSURE & TRAVEL –ANNUAL PLAN 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.

MAIN APPLICANT'S PARTICULARS

Full name : _____

Address : _____

Postal Code : _____

Contact Number : Home: _____ Office: _____

Mobile Phone: _____ E-mail: _____

Name of Employer : _____ Occupation : _____

Date of Birth : _____ Marital Status: _____

Nationality : _____ NRIC no.: _____

Please tick (Ö) on the following

Geographical Area

- ASIA Includes Australia and New Zealand, but excludes Middle East Countries
- Worldwide Anywhere in the World

Annual Premium

Choice of Plan/ Geographical Area	<u>Individual</u>	<u>Family</u>
Asia	<input type="checkbox"/> S\$280	<input type="checkbox"/> S\$505
Worldwide	<input type="checkbox"/> S\$380	<input type="checkbox"/> S\$665

Period of Insurance: One (1) year commencing from _____ (dd/mm/yyyy)

Maximum period for any one Trip shall not exceed 90 days. A Trip shall commence from Singapore and end in Singapore.

DETAILS OF ADDITIONAL INSURED PERSON

No	Name as shown in our Policy	NRIC / Passport	Date of birth	Relationship
1				Insured
2				
3				
4				
5				

ENROLMENT AGE:

The maximum enrolment Age for this insurance is 60 years old

WARRANTY

The Insured Person must be domiciled in Singapore and travel must not be for the purpose of seeking medical attention.

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Name of Main Applicant: _____

QUESTIONAIRES

Please tick

- 1 Do you or your other Applicant(s) have any physical defect or have suffered from illness or disease or any injury during the last five (5) years Yes No
- 2 Have you or your other Applicant(s) made any claims under Travel or Personal Accident insurance during the last three (3) years? If yes, please state the type of claims and amount claimed Yes No
- 3 Has any Insurer in connection with Travel or Personal Accident, Sickness or Life Insurance ever deferred or declined a proposal, refused renewal or terminated insurance from you or your other Applicant(s)? Yes No

If any of the above answer from Question 1 to 3 is “Yes”, please provide details below:

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 advisor before I/we sign this Application Form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my/ our financial needs and insurance objective.

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

Date

MODE OF PAYMENT

This policy is subject to **Payment Before Cover Warranty**, i.e. full premium payment must be made before policy inception at the time of documentation.

Please charge S\$ _____ to my * VISA/ Mastercard Credit/ Debit Card (* delete as appropriate)

Name of Credit/Debit Cardholder: _____

Card No:

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Expiry Date (mm/yy)

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 Verification Code

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I enclose a cheque for S\$ _____ payable to **United Overseas Insurance Ltd.**

Bank/ Cheque no: _____