INSURE &TRAVEL – PER TRIP 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.

PLAN TYPE [Please tick (Ö)]

☐ Individual Plan   ☐ Family Plan

GEOGRAPHICAL AREA [Please tick (Ö)]

☐ ASEAN   ☐ Asia   ☐ Worldwide

Destination: _____

PERIOD OF INSURANCE*

Leaving Singapore on [ ] / [ ] / [   ] and returning on [ ] / [ ] / [   ]

* The maximum period of insurance for any one trip is 185 days. A journey/ trip shall involve return to Singapore within the period of insurance. No extension of period of insurance is allowed once the trip commences.

APPLICANT'S PARTICULARS

Full name   : _____

Address   : _____

_____

Postal Code _____

Contact number   : Home: _____   Office: _____

Mobile Phone: _____   E-mail: _____

Date of birth   : _____   Marital Status: _____

Nationality   : _____   NRIC no.: _____

INSURED PERSON'S PARTICULARS

No	Name	NRIC no / Passport no	Date of birth	Relationship	Premium
1				**Insured**	
2					
3					
4					
5					
				Total	**S$**

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

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

INSURE &TRAVEL – PER TRIP PLAN APPLICATION FORM

Name of Applicant: _____

Mode of Payment

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

Premium cannot be refunded once the Certificate of Insurance has been issued.

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

☐   Name of credit/debit cardholder: _____

Card No : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: ☐☐ / ☐☐   Verification Code: ☐☐☐

☐   I enclose a cheque for S$_____ payable to **United Overseas Insurance Limited**

Bank/ Cheque no: _____

ACTIVATION HOTLINE : 6222 7737