

HomePlus Application Form

The Insurance Act: In this application form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect to the risk that is being proposed, otherwise, the policy issued hereunder may be void.

Please tick where appropriate.

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ (*delete if not applicable)
(please underline surname)

Residential address _____ Postal code _____

NRIC/Passport No _____ Date of Birth _____ Nationality _____

Marital Status Single Married Others _____ Occupation _____

Gender Male Female _____ Race Chinese Malay Indian Others _____

Tel _____ (Office) _____ (Home) _____ (Hp) _____

Email _____

(B) Period of Insurance

From _____ to _____

(C) Details of Your Home

Address _____

Type of Property Condominium/Private Apartment Landed property HDB 5-Room and above
 HDB 3/4-Room Flat Others (please specify) _____

Is Your Home Owner Occupied Rented to you Tenant Occupied

(D) Choice of Plan

Plan to be insured Standard Plan Superior Plan Ultimate Plan

(E) General Information

Have you or any member of your family living with you:

i. ever been refused cover, or had your insurance cancelled or had special terms imposed by any insurance company on insurance relating to your home and/or its contents? No Yes

ii. had any property from your home stolen, lost or damaged, or had any claim made against you in the last 3 years? No Yes

If answer is Yes to any of the above questions, please provide details below:

(F) Premium Payment

I enclose my cheque no. _____ for S\$ _____ payable to MSIG Insurance (Singapore) Pte. Ltd.

Please charge S\$ _____ to my Credit Card no _____ Expiry date _____

Type of card: Visa MasterCard

(G) Declaration

I/We want to effect the insurance specified here and declare that I/we:

- i. warrant that the information given and answers to questions in this Application are true and correct to the best of my/our knowledge and have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s assessment of this Application.
- ii. understand that the personal accident benefits of this insurance will only be payable upon an accident occurring.
- iii. agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- iv. understand this Application will be subject to the approval and acceptance by MSIG Insurance (Singapore) Pte. Ltd. and the premium fully paid and received by the Company before cover can be effected.

Signature of Applicant _____

Date _____

Agent/Broker Stamp _____

This document is not a contract of insurance. Please refer to the policy (which will be issued to you upon acceptance of your application) for the applicable terms, conditions and exclusions.



MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way #21-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7888 Fax: (65) 6827 7800 Website: www.msg.com.sg Co. Reg. No. 200412212G

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