

PERSONAL ACCIDENT PROPOSAL FORM

The Insurance Act: In this proposal form, you are required to disclose fully and faithfully all the facts which 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 as appropriate

Effective Date of Cover: From: _____ To: _____

Details of Proposer

Name of Proposer: (underline surname) (Mr/Mrs/Ms) _____ NRIC/Passport No.: _____

Proposer's Address: _____

Contact Nos: _____ (H) _____ (O) Gender: Male Female

Nationality: _____ Date of Birth: _____ Marital Status: _____

Please list insured person(s) below:

Personal/Group Details

Insured Person(s) in respect of whom you wish to be insured*	1st Individual or Group	2nd Individual or Group	3rd Individual or Group
Name of individual or Description of Group			
Date of Birth (not applicable for Group)			
No. of persons in each Group			
Occupation(s):			
Total Annual Earnings (required only if benefits are related to earnings)			

* Please provide list, if insufficient space available

Benefits Required

A) Death	S\$	S\$	S\$
B) Permanent Disablement	S\$	S\$	S\$
C) Temporary Total Disablement	S\$ per week	S\$ per week	S\$ per week
D) Temporary Partial Disablement	S\$ per week	S\$ per week	S\$ per week
E) Medical Expenses	S\$	S\$	S\$

General Questions

Does any insured person engage in sports or pastimes normally regarded as dangerous? If yes, please give details: Yes No

Had any insured person had any physical or other defect or weakness, or suffered any injuries, illnesses or diseases lasting more than 7 days? If yes, please give details: Yes No

Has any application for life, injury or illness insurance made by or in respect of any insured person been declined or had special terms imposed, or has any Insurer refused to renew any insurance? If yes, please give details: Yes No

Is there any other life, injury or illness insurance in force or applied for in respect of the insured person? If yes, please give details: Yes No

What is the maximum number of insured persons likely to travel together at any one time?

Declaration

- I/We want to effect the insurance specified here and declare that I/we:
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
 - have not withheld facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s assessment of this proposal.
 - understand that the benefits of this insurance will only be payable upon an accident occurring.
 - agree that this proposal, this declaration and any other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

Signature of Proposer

Date

FOR OFFICE USE ONLY

Account No.	Clause Nos.
Policy No.	
R/I Method.	
Occupation Stats	Ratings

Agent/Broker Stamp

IMPORTANT NOTE: This document is not a policy of insurance. Please refer to the Personal Accident Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.