

ProtectionPlus 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) Choice of Plan

Applicant (Age between 18 and 65 years) Silver Plan Gold Plan Platinum Plan

Spouse (Age between 18 and 65 years) Silver Plan Gold Plan Platinum Plan

Plan selected shall not be higher than the Applicant's Plan.

(D) Person(s) to be insured

| Name | M/F | Date of Birth | NRIC/ Passport No. | Nationality | Usual Country of Residence | Occupation | Annual Premium |
|-----------------|-----|---------------|--------------------|-------------|----------------------------|------------|----------------|
| The Applicant | | | | | | | |
| as stated above | | | | | | | |
| Spouse | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |

Cover for your children between the ages of 1 and 18 years or 23 years if pursuing full-time education in a recognised tertiary institution. Child cover is at 10% of the sum insured for accidental death, permanent and total disablement and medical expenses benefits under the plan selected by the Applicant or his/her covered spouse, whichever is of the higher plan.

- i. Free Cover – Up to 3 children if the Applicant and spouse enrol at the same time.
- ii. Paid Cover – Up to 3 children if the Applicant enrolls with the children subject to additional premium for each child cover.
- iii. If children are to be insured under Free Cover, please indicate "FOC" in the Annual Premium column.

(E) General Information

- i. Do you and/or the person(s) to be insured suffer from any physical defect or infirmity or disease of any kind? No Yes
- ii. Do you and/or the person(s) to be insured engage in any hazardous sports that are likely to cause bodily injury? No Yes
- iii. Have you and/or the person(s) to be insured sustained any accidental injuries over the last five 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.
 - ii. have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd's assessment of this Application.
 - 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.
 - v. Understand that the benefits of this insurance will only be payable upon an accident occurring.

Signature of Applicant for and on behalf of all persons to be insured

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.msig.com.sg Co. Reg. No. 200412212G

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