



## TravelEasy 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\** \_\_\_\_\_ (please underline surname) (\*delete if not applicable)  
 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 \_\_\_\_\_ (O) \_\_\_\_\_ (H) \_\_\_\_\_ (Hp)  
 Email \_\_\_\_\_

### (B) Details of Cover

<b>Type of Cover</b>	<b>Choice of Plan</b>	<b>Cover Required</b>	<b>Region of Travel</b>
<input type="checkbox"/> Individual	<input type="checkbox"/> Standard	<input type="checkbox"/> Single Trip	<input type="checkbox"/> Area A Brunei, Cambodia, Indonesia, Laos, East & West Malaysia, Myanmar, Philippines, Thailand & Vietnam
<input type="checkbox"/> Adult & Child(ren)	<input type="checkbox"/> Elite	<input type="checkbox"/> Annual Plan	<input type="checkbox"/> Area B Australia, Bangladesh, Bhutan, China, Hong Kong, India, Japan, Korea, Macau, Maldives, Mongolia, Nepal, New Zealand, Pakistan, Sri Lanka, Taiwan, Tibet and countries in Area A
<input type="checkbox"/> Family	<input type="checkbox"/> Premier		<input type="checkbox"/> Area C Worldwide including countries in Area A and B

**Period of Insurance** From \_\_\_\_\_ to \_\_\_\_\_  
**Destinations (for single trip only)** \_\_\_\_\_

### (C) Details of Adult Insured and/or Spouse (if insufficient space, please attach separate sheet)

No.	Name	NRIC/ Passport No.	Gender	Date of Birth	Relationship to Applicant	Occupation	Premium (\$)
1.							
2.							
<b>Total Premium (\$)</b>							

No. of child(ren) insured under Adult & Child(ren)/Family cover: \_\_\_\_\_

**Note:** Details of child(ren) are not required. The total no. of Insured Persons covered under Adult & Child(ren) & Family cover shall not exceed 7.

### (D) Insurance History

i. Have you and/or the persons to be insured taken up travel insurance previously?  Yes  No  
 If yes, name of insurer \_\_\_\_\_

ii. Have you and/or the persons to be insured had any travel claims over the last 3 years?  Yes  No  
 If yes, please provide details below:

Nature of Claim	Date of Claim	Amount of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

### (E) 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

**(F) Warranty**

At the time of completing the Application, each and every person seeking to be insured warrants that:

- i) he/she is in good health and free from physical defects, infirmity or illness or recurring illness.
- ii) to the best of his/her knowledge and belief all persons to whose health this insurance applies are well.
- iii) he/she is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
- iv) he/she is unaware of any circumstance which is likely to lead to the cancellation or curtailment of the journey.
- v) he/she has authorised the Applicant to complete the Application Form on his/her behalf.
- vi) none of the intended persons to be insured have already left Singapore on any trip meant to be covered by TravelEasy insurance.

**(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. 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.
- iii. 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.

OTS-21107A



MSIG Insurance (Singapore) Pte. Ltd.

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