

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)
11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



Guardian Angel – Overseas Student Insurance Package Proposal Form

A. My Personal Particulars			
Name:		Sex: F / M	
Address:			
Nationality:		Date of Birth:	
Occupation:		NRIC No:	
Tel No:	(H)	(O)	(H/P)

B. My Child's Particulars (Student)			
Name:		Sex: F / M	
Address:			
NRIC No:	Date of Birth:	Nationality:	
Name of Educational Institution Overseas:			
Address of Education Institution Overseas:			

C. Coverage Required	
Period of Guarantee/Insurance: From	To
Banker's Guarantee to be collected by:	<i>(please note that BG charge will be computed from date of issue)</i>
Coverage:	<input type="checkbox"/> Insurance Only <input type="checkbox"/> Insurance & Banker's Guarantee - Amount: S\$ _____
Insurance Type:	Deluxe Plan / Preferred Plan
Hospital & Surgical Expense Coverage:	Yes / No

IMPORTANT NOTICE

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until proposal is accepted.

D. Personal Information of Guarantors (if Banker's Guarantee is required)			
Name:			Sex: F / M
Address:			
Residence is	<input type="checkbox"/> Owned	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Parents' <input type="checkbox"/> Employers' <input type="checkbox"/> Rented <input type="checkbox"/> Spouses'
NRIC No:	Date of Birth:	Nationality:	
Marital Status:	No. of Dependants:	Occupation:	
Tel No:	(H)	(O)	(H/P)
<u>Workplace Information</u>			
Company's Name:		Length of Employment:	
Company's Address:			
Position Held:		Monthly Salary:	
Previous Employer:		Length of Employment:	
Position Held:		Previous Monthly Salary:	
Other Sources of Income:			
Other Assets:			
Name:			Sex: F / M
Address:			
Residence is	<input type="checkbox"/> Owned	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Parents' <input type="checkbox"/> Employers' <input type="checkbox"/> Rented <input type="checkbox"/> Spouses'
NRIC No:	Date of Birth:	Nationality:	
Marital Status:	No. of Dependants:	Occupation:	
Tel No:	(H)	(O)	(H/P)
<u>Workplace Information</u>			
Company's Name:		Length of Employment:	
Company's Address:			
Position Held:		Monthly Salary:	
Previous Employer:		Length of Employment:	
Position Held:		Previous Monthly Salary:	
Other Sources of Income:			
Other Assets:			
Name:			Sex: F / M
Address:			
Residence is	<input type="checkbox"/> Owned	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Parents' <input type="checkbox"/> Employers' <input type="checkbox"/> Rented <input type="checkbox"/> Spouses'
NRIC No:	Date of Birth:	Nationality:	
Marital Status:	No. of Dependants:	Occupation:	
Tel No:	(H)	(O)	(H/P)
<u>Workplace Information</u>			
Company's Name:		Length of Employment:	
Company's Address:			
Position Held:		Monthly Salary:	
Previous Employer:		Length of Employment:	
Position Held:		Previous Monthly Salary:	
Other Sources of Income:			
Other Assets:			

E. Declaration	
1. Health Declaration	
a. Has the Child to be insured had any health screening with abnormal results during the last 2 years?	Yes / No
b. Has the Child to be insured ever	
i. had a surgical operation?	Yes / No
ii. been advised to have any diagnostic test, hospital confinement or surgical operation which has not yet been performed?	Yes / No
c. Is the Child to be insured currently undergoing any medical treatment for, ever been treated for, under observation for, or told that he/she has any disorder or disease?	Yes / No
d. FOR FEMALE ONLY: Is the Child to be insured now pregnant?	Yes / No
e. Has any Accident or Health policy covering the Child to be insured ever been cancelled or its renewal refused? Has any proposal or application made for the Child to be insured for a Life, Accident or Health policy insurance ever been declined, postponed or accepted at other than normal terms?	Yes / No
f. Has a claim against any Insurance Company in respect of bodily injury or sickness during the past 3 years for Child to be insured?	Yes / No
2. Does the Child to be insured engage in any hazardous hobbies?	Yes / No
If "Yes" to any of the above questions, please provide full details:	

I declare that the information given in this application is true and complete and shall be the basis of contract between me and Tenet Insurance Company Ltd. I will give notice to Tenet Insurance Company Ltd of any change in health, occupation, activities or country of residence.

Accompanying this application are the following documents for Banker's Guarantee Application:

- | | |
|---|---|
| (1) Letter from Mindef or Immigration Dept. | (4) Identification Card of student & all guarantors |
| (2) Latest Copies of Income Tax Assessments of all guarantors | (5) Letter of Admission from overseas school |
| (3) Original Banker's Guarantee form | |

Please charge the premium to my Visa/Mastercard* (delete as appropriate)
 Visa/Master Card No _____ Expiry Date _____

Cheque for the amount of S\$ _____ payable to Tenet Insurance Company Ltd enclosed.
 Bank/Cheque No: _____

N.B. - In the event of cancellation, this Policy shall be subjected to a minimum premium charge of S\$150.00 for the Insurance Package. However, there shall be no refund for the Banker's Guarantee.

Signature Of Applicant *on behalf of the person to be insured*

Date _____