



Please complete the form in block capitals, giving full and complete details, and ticking (✓) the appropriate boxes.

SALUTATION <small>Mr/Ms/Mrs/Mdm/Dr*</small>	NAME OF INSURED PERSON(S)	SEX	OCCUPATION	NATIONALITY	NRIC/FIN NO.	DATE OF BIRTH	PREMIUM (\$\$)

\* Please state accordingly.

**TOTAL PREMIUM (No GST required)**

If more space is required, kindly attach a separate sheet.

Address of the first named insured Person: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (O): \_\_\_\_\_

### CHOICE OF PLAN

Individual  Family  Comprehensive  Essential

### CHOICE OF BENEFIT

### AREA OF TRAVEL

Asean  Asia  Global

### TRAVEL INFORMATION & PERIOD OF INSURANCE

(A JOURNEY TRIP SHALL INVOLVE DEPARTURE FROM AND RETURN TO SINGAPORE WITHIN THE PERIOD OF INSURANCE)

**SINGLE TRIP: Maximum for any trip is 182 days**

Leaving Singapore on (DDMMYYYY):

and Returning to Singapore on (DDMMYYYY):

Length of trip: .....  
(both days inclusive)

Destination(s): .....

Reasons for travel:  Leisure/Social  Business

### IMPORTANT NOTES

- Statement pursuant to Section 25(5) of the Insurance Act (Cap.142) or any subsequent amendments thereof. You are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void and you will receive nothing from the Policy.
- Refund is not allowed once the Certificate of Insurance is issued.
- Payment either by Cash/Cheque/Credit Card must be submitted with this application.
- Pre-existing medical conditions are not covered by the Policy.
- Specific terms, conditions and exclusions applicable to the insurance are set out in the Policy.

INTERMEDIARY'S STAMP/ACCOUNT CODE

ST/12012010

### PAYMENT METHOD

Please choose only one payment mode from 1 - 3

1. CASH – Please do not send cash via post
2. CHEQUE – Crossed and made payable to AXA Insurance Singapore Pte Ltd.  
Bank: \_\_\_\_\_ Cheque Number: \_\_\_\_\_
3. Credit Card – Single Deduction
- VISA  MASTERCARD  AMEX  DINERS

Cardholder's name: \_\_\_\_\_

Card no.:

Expiry date:   Card Verification Value (CVV)\*:

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* CVV – For Visa & MasterCard, it is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card. For Amex, it is the 4-digit no. printed on the front of the card above the card number.

### DECLARATION AND WARRANTY

By submitting this application form, I/We, the Insured Person(s) hereby warrant and declare on the following details:

- I am / we are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment.
- I am / we are Singapore Citizen, Singapore Permanent Resident, Employment Pass Holder, Work Permit Holder, Student Pass Holder or Dependent Pass Holder.
- I am / we are aware that no insurance is in force until this application form is accepted by AXA Insurance.
- I am / we are aware of and agreed to abide by the Policy's terms, conditions and exclusions.

\_\_\_\_\_  
Signed by or on behalf of the Insured Persons

\_\_\_\_\_  
Date (DDMMYYYY)