



Application Form

SmartHome Optimum

AXA INSURANCE PTE LTD

8 Shenton Way #24-01, AXA Tower Singapore 068811
 AXA Customer Care: #01-21/22
 Tel: 1800-880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 Fax: (65) 6338 2522
 Internet: <http://www.axa.com.sg>
 Co. Reg No. 199903512M

IMPORTANT NOTES

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- Please complete all sections on this form (IN BLOCK LETTERS), in order to avoid unnecessary delay in the processing of this application.
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

PART 1: PARTICULARS OF APPLICANT

Applicant's Full Name Mr Ms Mrs Mdm Dr

Surname _____ Given Name _____

Joint Names (where applicable) _____

NRIC/FIN/Passport No. _____ Nationality _____ Sex: Male Female

Date of birth _____ Age _____ Marital Status _____

Correspondent address Hse/Blk No. _____ Unit No. _____ Street Name _____
 Postal code _____

Tel (H) _____ (O) _____ (Mobile/Pager) _____

Email _____ Occupation/Profession _____

PART 2: DETAILS OF PROPERTY

Address of property to be insured (if different from Address above): _____

Name of Mortgagee (if any): _____

Type of Property: Flat Terrace / Semi-detached Condominium Bungalow Others: please specify _____

Is the property belonging to you: Yes No Year Built _____

The property is occupied by: Owner Tenant Others: please specify _____

PART 3: SUMMARY OF INSURANCE COVERAGE

PERIOD OF INSURANCE

Insurance to commence: From (DD/MM/YYYY): _____ To: (DD/MM/YYYY): _____

Flexible Coverage/Additional or Optional Coverage

COVERAGE REQUIRED (Please tick)	Annual Premium (inclusive of GST)	Sect	Cover	Sum Insured	Rate (inclusive of GST)	Premium
<input type="checkbox"/> Standard	S\$ 112.35	1.	(a) Building	S\$	S\$6.42 per S\$10,000	S\$
<input type="checkbox"/> Classic	S\$ 163.71		(b) Fixtures, Fittings & Renovation	S\$	S\$6.42 per S\$10,000	S\$
<input type="checkbox"/> Deluxe	S\$ 208.65	2.	Contents	S\$	S\$32.10 per S\$10,000	S\$
<input type="checkbox"/> Superior	S\$ 272.85	3.	Worldwide Personal Liability Limit of Liability to be increased to	<input type="checkbox"/> (a) S\$1,000,000 or <input type="checkbox"/> (b) S\$2,000,000	S\$53.50 S\$107.00	S\$
<input type="checkbox"/> Ultimate	S\$ 353.10	6.	Personal Belongings – Worldwide Cover (a) Unspecified articles not exceeding S\$2,000 per item		S\$128.40 per S\$10,000	S\$
			(b) Specified articles exceeding S\$2,000 per item, please provide receipts for underwriting		Refer to underwriter	S\$
			(c) Bicycles less than 3 years old and exceeding \$2,500 each, please provide receipts for underwriting.		Refer to underwriter	S\$
		7.	Family Personal Accident – Worldwide Cover (this section is compulsory if bicycle rider is taken up)	S\$50,000 - Insured & Spouse S\$10,000 - Each Child, Max 3	S\$69.55	S\$
		8.	Cyber Protector Rider	S\$55,000	S\$148.00	S\$
			Total Premium			S\$

*Sum insured must be purchased in blocks of S\$10,000, except for specified items and bicycle.

PART 4: QUESTIONNAIRE

- During the last 3 years, have you ever suffered or incurred any loss under a similar insurance? YES NO
 - Have you been declined or accepted on special terms under a similar insurance within the last 2 years? YES NO
- If the answer to any of the above questions is YES, please provide details below. (If more space is required, please write on separate sheet of paper and attach.):

PART 5: PERSONAL DATA

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

By providing this information, I understand and give my consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to:

- Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- Collect, use, store, transfer and/ or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- Contact me to share with me information about products and services from AXA that may be of interest to me by post and e-mail and By telephone By fax By text message

PART 6: DECLARATION

- I/We declare that the above answers are full, complete and true and agree that they shall form part of my/our application which shall be the basis of the contract of insurance.
- I/We declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
- I/We understand that this Policy shall only be effective following premium payment and subject to the acceptance and approval of this application by AXA Insurance Pte Ltd.

Signature of Applicant _____

Date (DD/MM/YYYY) _____

PART 7: PAYMENT METHOD

Please choose only **ONE** payment mode

- Cash/Nets**
 Make your payments at our AXA Customer Centre at AXA Tower during office hours (Monday to Friday, 9.00am to 5.30pm).
 Please do not send cash by post.
- Cheque**
 Crossed and made payable to AXA Insurance Pte Ltd.
 Please indicate the Policyholder's Name, Policy Number and Contact Number clearly on the back of the cheque. Please do not send post-dated cheques.
 Bank: _____ Cheque Number: _____
- Credit Card**
Make payment:
- by downloading the AXS app to make payments online from the comfort of your home anytime, any day; or
- at AXS stations located island-wide; or
- Please check the box below to receive a link to make your payment online.
- I would like the payment link to be sent to the Email Address stated in this application form

In order to enhance the security of your credit card data, please note that we will no longer accept credit card authorisation forms or ask for your full card number via phone.

PRODUCER'S NAME/ ACCOUNT CODE

AXA INSURANCE PTE LTD
8 Shenton Way #24-01, AXA Tower
Singapore 068811



BUSINESS REPLY FOLDER
PERMIT NO. 01844

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