



redefining / insurance

AXA INSURANCE PTE LTD

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 GST Reg. No.: 199903512M
 Co. Reg. No.: 199903512M

Application Form
SmartFamily

Important Notes

1. Please complete all sections on this form (in BLOCK LETTERS) to avoid unnecessary delay in the processing of this application.
2. You must disclose all facts you know, or ought to know, which may affect the insurance cover you are applying, otherwise, the insurance policy may not be valid.
3. Please note that under the insurance plan that you are applying for, the benefits will only be payable upon an accident occurring.
4. Please note that this Policy shall only be effective following full annual/monthly premium payment and subject to the acceptance and approval of this application by AXA Insurance Pte Ltd.
5. This is not a Medisave-approved product and you may not use Medisave to pay the premium for this policy.
6. This product 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).

Name of Advisor:	Account Code:
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Part I – Particulars of Policyholder

Surname <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Given name		
NRIC No. / FIN No.	Nationality	Marital Status	
Date of Birth (DDMMYYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	
Mailing Address			Postal code
Email		Mobile No.	
Occupation/Profession/Job nature	Industry		

Part II – Particulars of Family Members to be Insured

Full name	NRIC/FIN/ BC No.	Nationality	Date of birth (dd/mm/yyyy)	Gender
Spouse				
Child 1				
Child 2				
Child 3				

Occupation/Profession of Spouse: _____ Industry: _____

Note: Proposal for children must include at least one parent (If more space is required, please write on separate sheet of paper and attach herewith).

Part III – Details of Insurance

PERIOD OF INSURANCE

From (DDMMYYYY) _____ To (DDMMYYYY) _____

ANNUAL PREMIUM (inclusive of GST)

CHOICE OF PLAN:	PLAN 1	PLAN 2	PLAN 3
Policyholder	<input type="checkbox"/> \$386.27	<input type="checkbox"/> \$501.83	<input type="checkbox"/> \$732.95
Spouse	<input type="checkbox"/> \$386.27	<input type="checkbox"/> \$501.83	<input type="checkbox"/> \$732.95
Per Child	<input type="checkbox"/> \$251.45	<input type="checkbox"/> \$326.35	<input type="checkbox"/> \$476.15

- Please note that child benefit is 50% of policyholder's benefits except for Income Protection which is not applicable.
- 30% family discount is applicable when 2 adults sign up.
- 10% campaign discount is valid till 31 December 2015. Discount is only applicable for the first policy year.

Total Premium (after discount, if applicable): \$ _____ per year

Part IV – 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 V – Declaration

- I/We confirm that the above information are complete and true and declare that:
- All persons proposed for insurance are in good health and are free from any form of physical defect or infirmity.
- I/We have not been declined and accepted on special terms under a similar personal accident insurance in the last 2 years.
- I/We do not engage in anything hazardous in my/our occupation or in sports.

Signature of Policyholder (for and on behalf of all persons to be insured) _____

Date (DDMMYYYY) _____

Part VI – Payment Method

Please choose only **ONE** payment mode from 1 - 4

- Cash/Nets:** You may make your payments at our AXA Customer Centre at AXA Tower during our 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 Product, Policyholder's name, NRIC and Contact Number clearly on the back of the cheque. Please do not send us post-dated cheques.
- Bank _____ Cheque Number _____
- Credit Card:** Please fill up the Credit Card Authorisation Form. You may either post the form to us or email it to us at creditcardpayment@axa.com.sg
- AXS:** Pay your premiums at (a) AXS stations that are located island-wide; (b) AXS e-Station via <http://www.axs.com.sg/axsEStation.php> or (c) AXS m-Station via mobile apps