



redefining / insurance

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01 AXA Tower
 Singapore 068811
 Customer Care Department: #B1-01
 ☎ 1800-880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6338 2522
 🌐 www.axa.com.sg
 Co. Reg. No. 199903512M
 GST Reg. No. 199903512M

SmartTraveller Application Form

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

Agency Code: _____

NAME OF INSURED PERSON(S)	GENDER	NATIONALITY	NRIC/FIN NO.	DATE OF BIRTH	PREMIUM (S\$)
	M/F				
	M/F				
	M/F				
	M/F				

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

Name of Policyholder: _____
 NIRC/FIN: _____ Date of Birth: _____ Gender: M/F
 Address: _____

 Mobile: _____ Email: _____

PREMIUM BEFORE DISCOUNT	
GROUP/FAMILY DISCOUNT (if any)	
CAMPAIGN DISCOUNT (if any)	
ADD-ONS (if any)	
TOTAL PREMIUM (No GST required)	

TRAVEL INFORMATION & PERIOD OF INSURANCE

Single Trip: Departure Date: DD / MM / YYYY
 Return Date: DD / MM / YYYY No. of days: _____
 Annual Plan: Effective date: DD / MM / YYYY

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 Application 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.
- 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.

PREFERRED PLAN

Travel Region : Regional Global
Benefit : Comprehensive Essential

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 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 or our 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 or us and those whose personal data I or We have provided from sources other than myself or us for the Purposes.
- Contact me or us to share information about products and services from AXA that may be of interest to me or us by post and e-mail and
 By telephone By fax By text message

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
 - by completing the Credit Card Authorisation Form and email it to us at creditcardpayment@axa.com.sg

DECLARATION AND WARRANTY

By submitting this Application Form, I/We, the Insured Person(s) hereby warrant and declare the following:

- 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(s), Singapore Permanent Resident(s), Employment Pass Holder(s), Work Permit Holder(s), Student Pass Holder(s) or Dependent Pass Holder(s).
- I am / We are aware that no insurance is in force until this application is accepted by AXA Insurance Pte Ltd.
- I am / We are aware of and agree to abide by the Policy terms, conditions and exclusions.
- If I / We have opted for the 0% Interest Installment, I / We agree to be bound by OCBC/ UOB/ DBS/ POSB Terms and Conditions Governing Installment Payment Plan posted on the bank's website.

 Signed by or on behalf of the Insured Person(s)

 Date (DDMMYYYY)



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Credit Card Authorisation Form

Agent Account Code

Dear Valued Customer,
Thank you for choosing AXA as your preferred insurer.
Please complete the form with the details as requested to allow us to proceed with the deduction. Once you have completed the form, please e-mail it to creditcardpayment@axa.com.sg. You do not need to include the application form or renewal instruction form in your email to us. Thank you!

Payment Instructions

Name of Insured, Contact No., Email Address, Class of Insurance (Motor, Health, Home, Marine, Vehicle No, Travel, Personal Accident, Property & Casualty), Policy Type (New, Renewal, Endorsement, Motor Cover No, Policy No), Period Of Insurance, Amount to be Debited

Choose only ONE payment mode

Full Payment (Applicable for Visa / MasterCard / AMEX / DINERS) OR Installment Plan - 0% Interest Free (Applicable for Visa and MasterCard only), Participating Bank (OCBC, DBS, POSB, UOB), Installment Period (6 Months, 12 Months), Footnote 1: Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$200 is required for OCBC and S\$500 for DBS/POSB/UOB. The 0% interest free installment plan presented in this form is a facility offered by the Bank. Upon deduction of the premium via this installment scheme, you will receive an SMS notification from the Bank, stating the full premium charged to your credit card. The monthly installment amount and installment period will then be reflected in your monthly credit card statement.

Credit Card Details

Cardholder's Name, State Relationship (where cardholder is not the Insured), Card No., Expiry Date, Card Verification Value Code (CVV), I hereby confirm that the information given above is correct. I agree to AXA Insurance Pte Ltd collecting, using and disclosing my personal data for the purposes of processing this payment arrangement. Cardholder's Signature, Contact No., Date