



大華旅遊策劃私人有限公司
UOB TRAVEL PLANNERS PTE LTD

480 Lorong 6 Toa Payoh, #20-01 HDB Hub East Wing, Singapore 310480
Tel : 62522322 Fax : 62529188
Singapore Company Reg No. 197400040W

INSURE & TRAVEL INSURANCE APPLICATION FORM

Statement Pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

APPLICANT'S PARTICULARS

Full name : _____
Address : _____
Postal Code : _____
Contact number : Home: _____ Office: _____
Mobile Phone: _____ E-mail: _____
Date of birth : _____ Marital Status: _____
Nationality : _____ NRIC no.: _____

PLAN TYPE [Please tick (√)]

Individual Plan Family Plan

GEOGRAPHICAL AREA [Please tick (√)]

ASEAN Asia Worldwide Destination: _____

PERIOD OF INSURANCE *

Leaving Singapore on ____/____/____ and returning on ____/____/____

* The maximum period of insurance for any one trip is 185 days. A journey/trip shall involve return to Singapore within the period of insurance. No extension of period of insurance is allowed once the trip commences.

PARTICULARS OF INSURED PERSON

No	Name	NRIC No. / Passport No.	Date of birth	Relationship	Premium
1				Insured	
2					
3					
4					
5					
Total S\$					

WARRANTY

Insured Person must be domiciled in Singapore and travel must not be for the purpose of seeking medical attention.

DECLARATION

I/We hereby declare that I am/we are in good health and am/are aware of and agree to abide by the Policy's Terms, Conditions and Exclusions. I/ We also understand that the issuance of the policy is based on all statements and answers set out in this Application Form which are complete and true. I am/ We are aware that I/we can seek advice from a qualified advisor before I/we sign this Application Form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my/ our financial needs and insurance objective.

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

Date

