

Maxihome Contents Plus Application Form

Proposer / Insured Particulars

| | | | |
|---|--|---|--------------|
| Name: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| NRIC / Fin No.: | | Date of Birth: | |
| Address: | | | |
| | | | Postal Code: |
| Home Number: | | Office Number: | |
| Mobile Number: | | E-mail Address: | |
| Location of Risk (if different from above): | | | |

Period of Insurance

From: _____ To: _____

Type of Property

- HDB Apartment/Condominium Terrace
 Semi-Detached Detached
 Others, please specify: _____

Selection Plan

- Standard Deluxe Suite

General Enquiries

Is the building:

Owner Occupied? Tenant Occupied?
 Others, please specify, _____

Have you ever suffered or incurred any loss under a similar insurance?

Yes No

If yes, please provide details claim & name of insurance company:

Total Annual Premium (Inclusive of GST)

Total \$ _____

Payment Scheme

Please tick the mode of payment.

| | | |
|---|---------------------------------|----------------------------------|
| a) Cash | <input type="checkbox"/> Yearly | <input type="checkbox"/> 5 Years |
| b) Cheque Payable to 'Etiqa Insurance Pte. Ltd.' | <input type="checkbox"/> Yearly | <input type="checkbox"/> 5 Years |
| c) Maybank Credit Card | <input type="checkbox"/> Yearly | <input type="checkbox"/> 5 Years |
| d) Interbank GIRO (please complete the GIRO form attached) | <input type="checkbox"/> Yearly | <input type="checkbox"/> 5 Years |

For payment via Maybank MasterCard/Visa Credit Card only:

MasterCard / Visa:

Card Number:

Expiry Date:

Cardholder's Name:

I, the undersigned, hereby charge the total amount (indicated under Section F) to my Maybank Credit Card and I authorise Maybank to debit the said amount (or such other amount approved by Maybank) to the Card Account. I agree that Maybank has the right to reject this instruction if there are insufficient funds in my Card Account or for whatever reason without notification.

Signature of Cardmember

Declarations

I/We hereby declare that the person(s) to be insured are in good health and free from physical or mental defect or infirmity or disease.

I/We warrant that the answers given above are true and correct and I/we have not withheld any information likely to affect acceptance of this Proposal.

I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/we further agree to accept the Company's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.

I/ We agreed to pay the premium to the plan chosen and I/ We hereby authorize Etiqa Insurance Pte. Ltd. to charge the stated premium to the following credit card.I/ We declare that the cardholder has authorized and consented to its use.

Data Protection

I/We expressly authorize and consent to Etiqa's officers, employees and agents disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurances with Etiqa, to any of the following persons, whether in Singapore or elsewhere:

- a) Etiqa's holding companies, branches, representative officers, subsidiaries, related corporations or affiliates;
- b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or agents;
- c) any regulatory, supervisory or other authorities, court of law, tribunal or persons, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my/our policy or policies for any purpose connected with the proposed assignment/s or transfers; and
- e) any credit bureau, insurer or financial adviser, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of Etiqa's representatives and monitoring of undesirable sales practices.

Etiqa Insurance Singapore Privacy Policy

I wish to receive information, including marketing materials from Etiqa Insurance Pte. Ltd. from the following communication channels:

Call SMS/MMS* Fax Direct Mail E-mails All

* "SMS / MMS" means any messages, whether in sound, text, visual or other forms
For more information, kindly visit the PDPC website at: <http://www.pdpc.gov.sg>

Statement Pursuant to Section 25 (5) of the Insurance Act (CAP142) (or any subsequent amendment thereof). You are to disclose in this proposal form, fully and faithfully, all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

This insurance will not be in force until the proposal has been accepted by the Company.

This brochure is not a contract of insurance. Please refer to the policy (which will be issued to you upon acceptance of your application and payment of the premium) for its exclusions and complete details of coverage. Please submit the completed application form in person at any Maybank Branch.

Signature of Proposer

Date

Policy Owners' Protection Scheme

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 / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdpc.org.sg).

Interbank Giro Application Form

PART 1 : For Applicant's Completion

| | |
|---|-------------------------------------|
| Date: | To: Name of Bank |
| Branch: | |
| Name of Billing Organisation: | |
| Insured's Name: | NRIC No./BusinessRegistration No.: |
| <p>a) I/We hereby instruct you to process Etiqa Insurance Pte. Ltd.'s instructions to debit my/our account below as instructed and/or to debit such sum(s) as Etiqa Insurance Pte. Ltd. may notify you from time to time.</p> <p>b) You are entitled to reject Etiqa Insurance's debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.</p> <p>c) This authorisation will remain in force until revoked by me/us by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice to me/us delivered to my/our last known recorded address.</p> | |
| My/Our Name(s): | My/Our Contact (Tel/Fax) Number(s): |
| My/Our Bank Account Number: | |
| My/Our Signature(s)/Thumbprint(s): | |
| <hr style="width: 80%; margin: 0 auto;"/> (As in Bank's Records) | |

PART 2 : For Official Use by Etiqa Insurance Pte. Ltd.

| Bank | Branch | Etiqa Insurance's Account No. | Etiqa's Reference |
|---------|--------|-------------------------------|-------------------|
| 7 3 0 2 | 0 0 1 | 0 4 0 1 - 1 0 0 5 8 1 4 | |

PART 3 : For Bank's Completion

| Bank | Branch | Account No. to be debited |
|------|--------|---------------------------|
| | | |

To: **Etiqa Insurance Pte. Ltd.**
 One Raffles Quay #22-01 North Tower
 Singapore 048583

The Direct Debit Authorisation in respect of the above-mentioned account is:

- Accepted**
 Rejected (please tick one of the following reasons)
- Signature(s)/Thumbprint(s) differs from the Bank's records
- Wrong Account Number
- Others: _____

| | | |
|---|--|--|
| <hr style="width: 80%; margin: 0 auto;"/> Name of Approving Officer | <hr style="width: 80%; margin: 0 auto;"/> Authorised Signature | <hr style="width: 80%; margin: 0 auto;"/> Date |
|---|--|--|