

ePROTECT *travel* Application Form

Important Notice

1. Statement pursuant to Section 25(5) of The Insurance Act (CAP 142) (or any subsequent amendments thereof). You are to disclose in this Application, fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed. You are currently in good health, free from physical impairment and deformity otherwise, the Policy insured may be void.
2. Neither the brochure nor this Application is a contract of insurance. However, your declarations or disclosures shall form the contract of insurance. The specific terms, conditions and exclusions applicable to the insurance are set out in the Policy and a copy of which is available upon request.

Details of Policyholder / Main Insured

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
NRIC / Fin No.		Date of Birth	
Address			
		Phone Number	
E-mail Address		Mobile Number	

Details of Additional Insured (applicable for Family and Group Plans Only)

Insured Person(s)	NRIC/ Birth Certificate	Relationship	Date of Birth	Gender
1.				
2.				
3.				
4.				
5.				

Family Plan includes insured, spouse and all accompanying children from 3 months old but less than 18 years old or up to 25 years old who are studying in a recognised institution of higher learning. Individual Plan applies to persons aged 18 and above only.

Group Plan means a Policy issued to You in respect of the Insured Persons named in the Schedule who are travelling as a group and the Insured Persons under the Group Plan must travel together on a Journey. Group Plan is only available under Single Return Trip Policy.

Trip Details

Please (✓) one only:

Area of Coverage Zone 1* Zone 2* Zone 3* Country of destination: _____
 Choice of Plan Individual Family Group
 Choice of Benefit Basic Economy Business

Period of Insurance and Total Premium Payable

Period of Insurance: _____ Effective Date: _____ Expiry Date: _____
 (Maximum of up to 182 consecutive days per trip)

Total Premium Payable: \$ _____
 (No GST required)

Payment Scheme

Please tick the mode of payment.	<u>Single Trip</u>	<u>Annual Plan</u>
a) Cash	<input type="checkbox"/>	<input type="checkbox"/>
b) Cheque Payable to 'Etiqa Insurance Pte. Ltd.'	<input type="checkbox"/>	<input type="checkbox"/>
c) Credit Card	<input type="checkbox"/>	<input type="checkbox"/>

*Zone means:

Zone 1: ASEAN: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Thailand, Philippines and Vietnam.

Zone 2: Zone 1; Asia: Armenia, Australia, Azerbaijan, Bahrain, Bangladesh, China, Cyprus, Georgia, Hong Kong, India, Israel, Japan, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Macau, Maldives, Mauritius, Mongolia, Nepal, New Zealand, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, South Korea, Sri Lanka, Taiwan, Tajikistan, Timor-Leste, Turkey, Turkmenistan, United Arab Emirates, Uzbekistan and Yemen.

Zone 3: Zone 1; Zone 2; and Worldwide/the rest of the world excluding Afghanistan, Cuba, Democratic Republic of Congo, Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Somalia, South Sudan and Syria.

For Dayment via Credit Card

MasterCard / Visa:	Card Number:	Expiry Date:
Cardholder's Name:		
<p>I understand and agree:</p> <ol style="list-style-type: none"> 1. That the premium payment in respect to my travel insurance policy with "Etiqa Insurance Pte. Ltd." will be charged to the Credit Card account nominated by me as above. 2. That the Premium Payment Notice will not be sent to me as the amount will be debited to my Credit Card account. 3. I hereby declare that I understand and agree to the above terms and conditions. 		
<hr style="width: 50%; margin: 0 auto;"/> Signature of Cardmember		

Declaration & Warranty

I, the Policyholder/Main Insured named herein and hereby warrant the truth and accuracy that I/my family members/partner named herein:

1. have provided a Singapore address in the application and are in Singapore at the time of Application.
2. agree that this policy may be classified as a Singapore Policy for accounting purposes.
3. understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued pursuant thereon.
4. am/are aware of and agree to abide by the Policy's term, conditions and exclusions.
5. am/aware that any pre-existing medical condition(s) that I/We suffer from is not covered under this policy.
6. understand and agree that if the loss falls under an exclusion, the policy will not cover it. You are advised to also read all the exclusion clauses in the Policy Wording so that you will be fully aware of the extent of your insurance cover.
7. am/are currently in good health and are not traveling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
8. agree and authorise any medical source (including hospitals and clinics), insurance company or any other organization to release to the Company at any time any information concerning the insured(s) if required.
9. understand and agree that where a third party credit card is use, I/we declare that the cardholder has authorised and consented to its use.

Data Protection

I/We expressly authorise 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 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
 Emails
 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>

<hr style="width: 80%; margin: 0 auto;"/> Signature of Proposer	<hr style="width: 80%; margin: 0 auto;"/> Date
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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 or LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).