



redefining / insurance

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Co. Reg. No. 196900406D
GST Reg. No. M2-0009922-2

SmartTraveller Application Form

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

Agency Code: _____

Table with 7 columns: NAME OF INSURED PERSON(S), GENDER, OCCUPATION, NATIONALITY, NRIC/FIN NO., DATE OF BIRTH, PREMIUM (\$\$). Includes a row for TOTAL PREMIUM (No GST required).

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

Address of the first named Insured Person: _____

Tel: (HP): _____ (O): _____

Email: _____

TRAVEL INFORMATION & PERIOD OF INSURANCE

Single Trip: Maximum for any trip is 182 days

Departure Date: DD/MM/YYYY

Return Date: DD/MM/YYYY No. of days: _____

Furthest Destination from Singapore: _____

Annual Multi-Trip: Maximum for any trip is 92 days

Effective date: DD/MM/YYYY

PAYMENT METHOD

CHEQUE - Crossed and made payable to AXA Insurance Singapore Pte Ltd.

Bank: _____ Cheque Number: _____

CREDIT CARD

Choose only ONE payment mode

Form for payment mode selection including Single Deduction (AMEX, DINERS, MASTERCARD, VISA) and 0% Interest Free Installment Plan (OCBC, DBS, POSB, UOB).

Cardholder's Name: _____

State Relationship (where cardholder is not the Insured Person)?: _____

Card No.: [Grid]

Expiry date: [DD][MM][YY] Card Verification Value (CVV)?: [Grid]

Cardholder's Signature: _____ Contact No: _____

Footnote 1: Only for participating Banks... Footnote 2: Your security is our concern... Footnote 3: CVV - For Visa & MasterCard...

PREFERRED PLAN

Choice of Plan: Individual Family

Choice of Benefit: Comprehensive Essential

Area of Cover: Asean* Asia Global

* Not applicable to Annual Multi-Trip Plan

IMPORTANT NOTES

- 1. Statement pursuant to Section 25(5) of the Insurance Act... 2. Refund is not allowed once the Certificate of Insurance is issued... 3. Payment either by Cash/Cheque/Credit Card must be submitted with this application... 4. Pre-existing medical conditions are not covered by the Policy... 5. Specific terms, conditions and exclusions applicable to the insurance are set out in the Policy.

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 Singapore and AXA Life Insurance Singapore (collectively "AXA") and their respective representatives or agents to:

- a. 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... b. 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... c. 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

DECLARATION AND WARRANTY

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

- 1. I am / We are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment. 2. 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). 3. I am / We are aware that no insurance is in force until this application is accepted by AXA Insurance Singapore. 4. I am / We are aware of and agree to abide by the Policy terms, conditions and exclusions. 5. 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.