



redefining / insurance

AXA INSURANCE SINGAPORE PTE LTD

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

Application Form

Health Cash Plan

A. Know Your Client

Confidential Fact Find for	By your Insurance Advisor	
(Client's Name)	(Name of Advisor)	(Account Code)

Important Notice to Clients

For General Agents/Banks

Your insurance adviser is a representative with AXA Insurance and can advise you on the products of:

1) AXA Insurance Singapore Pte Ltd 2) _____ 3) _____

For Insurance Brokers/Financial Advisers/Banks

Your insurance advisory is a broker with _____.

As an insurance broker, your advisor is able to source for and objectively recommend the products of various insurance companies to best meet your insurance needs. Your advisor is required to disclose to you the insurance companies from which he/she sources the products.

Standard Statement Applicable to All Advisors:

Your advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which advice will be given.

A policy purchased without the proper completion of a "Know Your Client" form may not be appropriate to your needs.

Application Type

Client's Choice

- I/We wish to disclose all information requested for in this Form. (Please complete and sign "Know Your Client" and all sections of "Our Advice and Reason Why")
- I/We wish to receive product advice only. (Please complete and sign "Know Your Client" and sections 2 & 3 of "Our Advice and Reasons Why")
- I/We do not wish to receive any advice from my/our advisor. (Please complete and sign "Know Your Client")

I/We acknowledge that the insurance advisor has provided me/us with a copy of the completed "Know Your Client" Form.

Advisor's Declaration:

I declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact-finding in the process of recommending suitable insurance products, and shall not be used for any other purposes.

Signature of Client (on behalf of all applicants)
Date:

Signature of Advisor
Date:

B. Our Advice and Reasons Why

Section 1 – Analysis and Calculation Worksheet

(a) **Personal Priorities (Please tick)**

Your Health Insurance Concerns	Level of Concerns		
	Low	Medium	High
Cover for hospitalisation expenses	o	o	o
Cover for outpatient medical expenses	o	o	o
Cover for major illnesses (e.g. cancer, kidney dialysis)	o	o	o
Cover for loss of income due to illness or sickness	o	o	o

(b) Hospital Cash Income

	Client	Spouse	Child
(i) What is the daily cash amount required if you or your family member is hospitalised?	S\$ _____	S\$ _____	S\$ _____
(ii) Do you or your family members have an existing hospital income insurance plan?	Yes / No*	Yes / No*	Yes / No*
(iii) If yes, what is the daily cash benefit payable in the event of hospitalisation?	S\$ _____	S\$ _____	S\$ _____

Section 2 – Advisor Analysis and Recommendations

Total Health Insurance Budget : _____ per year.

Advisor's recommendations	Reasons for recommendations	Remarks
Hospital Cash Income Protection → Health Cash Plan		Replacement Y/N*

Note: If this product is intended to replace any existing health insurance policy, advisor should state the reasons for recommending a replacement

Section 3 – Acknowledgement

Client's Declaration:
I/We understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and I/We **agree / do not agree*** with the proposed recommendation(s).

If I/we should decide to switch from one health insurance product to another health insurance product, I/we understand that:

- (a) I/We may not be insurable at standard terms
- (b) I/We may have to pay a different premium
- (c) Terms and conditions may defer

Statement by Advisor:
The recommendations in this document are based on your personal information collected in the "Know Your Client" Form, the prevailing healthcare financing system and information on healthcare costs obtained from sources believed to be reliable and accurate to the best of my knowledge. If there has been any change in your circumstances since completing that form, please notify your advisor as it may affect the needs analysis process. The recommendations may not be appropriate in the event of a partial or inaccurate completion of the "Know Your Client" Form.

Signature of Client (on behalf of all applicants)
Date:

Signature of Advisor
Date:

C. Declaration For Products Summary

I hereby confirm that the following documents were given and the contents have been explained to me satisfactorily:

- (a) Your Guide to Health Insurance and;**
- (b) Product Summary**

Signature of Client (on behalf of all applicants)
Date:

Signature of Advisor
Date:

For Office Use Only – INTERNAL

I understand that the recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and I **agree / do not agree*** with the proposed recommendation(s).

Comments (necessary if in disagreement with recommendation) :			
Remedial Action:			
Signature:	Name:	Position:	Date:

*Circle as appropriate.

D. Application Details

Important Notes

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative. Please complete in BLOCK LETTERS and tick the appropriate boxes.
- Please note that all Value-Added Options are not available on a stand-alone basis.

1. Personal details of the applicant (please keep us informed of any change of your address)

Name of applicant – surname:

Given name:

Gender:

NRIC No. / FIN / Passport no.:

Date of birth: dd / mm / yyyy

Nationality:

Marital status: Single Married

Mailing address:

Telephone no.: country code area code phone no.

Fax no.:

Mobile no.:

Email:

Occupation/job nature:

2. Your Choice of plan

Health Cash Plan (The plan selected would be the same for each person covered by this application) Plan 1 Plan 2 Plan 3

Optional Benefits	Applicant	1 st Family member	2 nd Family member	3 rd Family member	4 th Family member
1) <input type="checkbox"/> Broken Bones	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B
2) <input type="checkbox"/> Out-patient	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan A
3) <input type="checkbox"/> Dental	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B
4) <input type="checkbox"/> Cancer	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B
Please consider the following question as it applies to each of the people named. Answer this question by clearly ticking one of the corresponding Yes/No boxes.	Name	Name	Name	Name	Name
Have you, or anyone else to be insured under this policy, ever experience any symptoms of or been diagnosed with or are currently under investigation for cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹ Annual Premium due (Inclusive of GST): S\$

Plan to commence on _____ (dd/mm/yyyy) for one year. No liability will be accepted until this application has been accepted by AXA and the premium is received. The cover will be subject to no change in information as declared by you in this application form and the time of commencement of the plan. Please declare to us any change in information as soon as it is known to you. Failure to do so may result in claims or benefits being refused or cover withdrawn.

¹ Please refer to the premium rate at page 9 : Product Summary of **Health Cash Plan**.

3. Persons to be covered

Additional family members to be covered

1	Surname:	Given name:		Nationality:
	Relationship to the applicant:	Gender:	Date of birth: dd / mm / yyyy	Passport no./ NRIC:
	Occupation/ job position:		Job nature:	
2	Surname:	Given name:		Nationality:
	Relationship to the applicant:	Gender:	Date of birth: dd / mm / yyyy	Passport no./ NRIC:
	Occupation/ job position:		Job nature:	
3	Surname:	Given name:		Nationality:
	Relationship to the applicant:	Gender:	Date of birth: dd / mm / yyyy	Passport no./ NRIC:
	Occupation/ job position:		Job nature:	
4	Surname:	Given name:		Nationality:
	Relationship to the applicant:	Gender:	Date of birth: dd / mm / yyyy	Passport no./ NRIC:
	Occupation/ job position:		Job nature:	

4. 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:

- 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 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 and those whose personal data I have provided from sources other than myself for the Purposes.
- 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

5. Your signature and declaration

- I/We declare that the above answers are full, complete and true and agree that they shall form part of my/our application which shall be the basis of the contract of insurance.
- I/We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by AXA Insurance Singapore.
- I/We declare that I/we do not have any insurance that was terminated in the last 12 months due to breach of any premium payment condition.
- I/We also agree that in case of any claims, I/we authorise any hospital, physician or other person who has attended to us, or examined us or is authorised to maintain medical records to disclose when requested to do so by AXA Insurance Singapore, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorisation shall be considered as effective and valid as the original.
- I/We understand that AXA Insurance Singapore reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information be required.

Signature of client (for and on behalf of
all persons to be insured)

Name of client

Date

Product Summary for Health Cash Plan

1. Product Information

This is a health cash plan that helps to relieve the financial burden on the family while you or your covered family member is hospitalised. Please note that this is a yearly renewable policy.

Health Cash Plan benefits at a glance:

Benefits (Guaranteed Acceptance)	Plan 1	Plan 2	Plan 3
1) Daily Hospital Income (up to 730 days per medical condition during member's lifetime)			
a) Within Singapore, Malaysia and Brunei	\$200	\$150	\$100
b) Outside Singapore, Malaysia and Brunei	\$400	\$300	\$200
c) In Intensive Care Unit	\$400	\$300	\$200
2) Recuperation Benefit (One time payment, upon discharge from hospital stay of 7 days or more)	\$200	\$150	\$100

Value-added options at a glance:

Broken Bones Option (Guaranteed Acceptance) – Covers broken bones due to accident or personal assault. The following benefits are payable for each accident or personal assault	Plan A	Plan B
a) Spinal cord injury with total and permanent loss of limb function	\$50,000	\$25,000
b) Hip fracture	\$10,000	\$5,000
c) Skull fracture	\$10,000	\$5,000
d) Fracture within the thigh, lower leg, upper arm or forearm	\$2,000 for each fracture	\$1,000 for each fracture
e) Other fracture (including wrist and hand and foot but excluding fingers, thumbs, toes, kneecaps and vertebrae)	\$2,000 for each fracture (for each accident, we will pay up to \$1,000 for ribs fracture)	\$1,000 for each fracture (for each accident, we will pay up to \$500 for ribs fracture)
f) Dislocation of the shoulder, elbow, wrist, hip, knee or ankle	\$1,000 for each dislocation	\$500 for each dislocation

Cancer Option – Covers Cancers in the following organs Female: one or both breasts; one or both fallopian tubes; one or both ovaries; cervix; uterus; vagina; or vulva. Male: one or both breasts; one or both testes, penis; or prostate	Plan A	Plan B
Cancer 1 – Any malignant tumour in a female or male organ characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue at the site where the first malignant change takes place; OR Cancer 2 – Carcinoma-in-situ of the breast	\$50,000 on first diagnosis	\$20,000 on first diagnosis
Out-patient Option (Guaranteed Acceptance)	Plan A	
a) Out-patient consultation (up to 2 consultations per year with a specialist when referred by a general practitioner)	Up to \$80 per consultation	
b) Out-patient diagnostic surgical procedures and out-patient diagnostic tests on specialist referral, including computerized tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET)	Up to \$1,500 per policy year	
Dental Option (Guaranteed Acceptance)	Plan A	Plan B
a) Routine Dental Treatment (50% towards the cost of routine examination, hygiene treatments, periodontal treatments, and dental x-rays)	Up to \$250 per year	Up to \$150 per year
b) 50% towards the cost of remedial or restorative treatments, such as, but not limited to, fillings, crowns, bridges and dentures	Up to \$1,500 per year. Within the limit, an overall annual limit of \$750 for crowns and bridges applies.	Up to \$1,000 per year. Within the limit, an overall annual limit of \$500 for crowns and bridges applies.

Important notes

- Eligibility:** Singapore Citizens, Permanent Residents (holders of re-entry permits), holders of employment passes, work permits, students' passes or dependant's passes.
- Health Cash Plan:** Entry age is from 0 to 65 years, renewable up to 80 years; There is a waiting period of 30 days for all claims; Pre-existing medical conditions are covered after 12 months.
- Broken Bones Option:** Entry age is from 0 to 65 years, renewable up to 80 years.
- Cancer Option:** Entry age is from 18 to 65 years, renewable up to 80 years; There is a waiting period of 90 days for the diagnosis of Cancer; Cancer for which a member receives medical advice, has symptoms, or tests, or receives any medication or treatment for such cancer within the waiting period is also excluded; This Option is not available for an insured member if the insured member has experienced symptoms of or has been diagnosed with or is currently under investigations for any Cancer.
- Out-patient Option:** Entry age is from 0 to 65 years, renewable up to 80 years; Pre-existing medical conditions are not covered.
- Dental Option:** Entry age is from 0 to 65 years, renewable up to 80 years; There is a waiting period of 90 days for all claims.
- Please note that all Options are not available on a stand-alone basis. The Options will be terminated in the event of cancellation or termination of the member's coverage or occurrence of any grounds for termination under the Health Cash Plan, or upon the death of the member. In addition, Cancer Option will terminate upon benefits being paid under the Cancer option.
- All ages refer to attained age.
- Pre-existing medical condition** refers to any medical condition which the member already had when he or she joined. This includes any medical condition or symptom whether or not being treated and any previous medical condition which recurs or which the member should reasonably have known about even if he or she has not consulted a medical practitioner.

2. Premium Rate Table

The annual premium rates for this plan are set out below. Please note that the premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the attained age of each member, the premium rates then in effect, and any other factors which may materially affect the risks insured.

Annual premium (S\$ and inclusive of GST)

Age last birthday	Health Cash Plan			Broken Bones Option		Cancer Option		Out-patient Option	Dental Option	
	Plan 1	Plan 2	Plan 3	Plan A	Plan B	Plan A	Plan B	Plan A	Plan A	Plan B
0 – 17	\$159	\$120	\$82	\$72	\$36	N.A	N.A	\$335	\$110	\$85
18 – 30	\$190	\$143	\$96	\$72	\$36	\$92	\$36	\$335	\$110	\$85
31 – 40	\$226	\$167	\$108	\$72	\$36	\$122	\$48	\$335	\$110	\$85
41 – 50	\$346	\$262	\$178	\$72	\$36	\$182	\$72	\$335	\$110	\$85
51 – 60	\$586	\$466	\$346	\$72	\$36	\$266	\$106	\$335	\$110	\$85
61 – 70	\$1,066	\$826	\$586	\$72	\$36	\$326	\$130	\$335	\$110	\$85
71 – 80	\$1,186	\$922	\$658	\$72	\$36	\$626	\$250	\$335	\$110	\$85

3. Eligibility

This policy provides cover for only those members who are resident of Singapore. By resident of Singapore we mean Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependant's passes.

4. Key Product Provisions

a) Persons Eligible

i. Health Cash Plan

Members eligible to be covered under this policy must be aged sixty five (65) years or less at the time of application. This policy can be renewed up to age eighty (80) subject to you paying the applicable premium and our approval.

ii. Broken Bones Option

Members eligible to be covered under this policy must be aged sixty five (65) years or less at the time of application. This policy can be renewed up to age eighty (80) subject to you paying the applicable premium and our approval.

In addition this option shall only be applicable to your policy if members to be covered under this option are covered under the policy at the date of application for coverage under this option and commencement of this option.

iii. Cancer Option

Members eligible to be covered under this policy must be aged between eighteen (18) and sixty five (65) years at the time of application. This policy can be renewed up to age eighty (80) subject to you paying the applicable premium and our approval.

In addition this option shall only be applicable to your policy if members to be covered under this option are covered under the policy at the date of application for coverage under this option and commencement of this option.

All other eligibility conditions provided for in your **Health Cash Plan** shall be applicable to this option.

iv. Out-patient Option

Members eligible to be covered under this policy must be aged sixty five (65) years or less at the time of application. This policy can be renewed up to age eighty (80) subject to you paying the applicable premium and our approval.

In addition this option shall only be applicable to your policy if members to be covered under this option are covered under the policy at the date of application for coverage under this option and commencement of this option.

v. Dental Option

Members eligible to be covered under this policy must be aged sixty five (65) years or less at the time of application. This policy can be renewed up to age eighty (80) subject to you paying the applicable premium and our approval.

In addition this option shall only be applicable to your policy if members to be covered under this option are covered under the policy at the date of application for coverage under this option and commencement of this option.

b) Pre-existing medical condition

Pre-existing medical condition refers to any medical condition which the member already had when he or she joined. This includes any medical condition or symptom whether or not being treated and any previous medical condition which recurs or which the member should reasonably have known about even if he or she has not consulted a medical practitioner.

c) Waiting period

i. Health Cash Plan

There is a waiting period of 30 days for all claims. Pre-existing medical conditions are covered after 12 months.

ii. Broken Bones Option

There is no waiting period.

iii. Cancer Option

There is a waiting period of 90 days for the diagnosis of Cancer. Cancer for which a member receives medical advice, has symptoms, or tests, or receives any medication or treatment for such cancer within the waiting period is also excluded.

iv. Out-patient Option

There is no waiting period. Pre-existing medical conditions are not covered.

v. Dental Option

There is a waiting period of 90 days for all claims and 50% co-insurance for all claims.

d) Exclusions

There are certain conditions under which no benefit will be payable. These are stated as exclusions in the policy contract. The following is a list of some of the exclusions applicable under this plan. You are advised to read the policy contract for the full list of exclusions. These exclusions include but are not limited, to the following:

- For **Health Cash Plan**, pre-existing medical conditions are covered after 12 months.
- Cancer Option is not available if an insured member has experienced symptoms of or has been diagnosed with or is currently under investigations for any Cancer.
- For Out-patient Option, pre-existing medical conditions are not covered.
- Claims related to normal pregnancy or childbirth (delivery).
- Claims related to treatment of sexually transmitted diseases.
- Claims related to the costs of collecting donor organs for transplant surgery or any administration costs involved even if such transplants are allowed by the terms of this plan.
- Claims related to treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- Any charges for treatment related to and/or the correction of congenital conditions and/or deformities whether or not manifest and/or diagnosed or known about at birth.

e) Policy renewal / Renewal premium

- i. This is a yearly renewable policy. On or before the expiry of your policy, and subject to our acceptance, you may renew this policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the policy expires, or is terminated or cancelled in accordance with the terms of this policy and you should subsequently wish to reapply for insurance cover under this policy.
- ii. Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the attained age of each member, the premium rates then in effect, and any other factors which may materially affect the risks insured.
- iii. We can change all or any part of the policy including the benefits table or terms, but only for the reasons shown in our policy, and the changes will only apply to you when you renew unless we are obliged by law to apply any change with immediate effect. We will give you reasonable notice of the changes and will send details of them to the address we have for the company or the member on our records. The changes will take effect from when you renew or when applied by law even if, for any member does not receive details of them.

f) Cancellation / Termination of cover

- i. You have the right to cancel this policy at any time by giving us no less than 30 days notice in writing. Bearing in mind that this is an annual contract we will not refund premiums if any claims, however small, has been made in the current policy year. In the event that we do agree to make a refund (and this will be at our sole discretion), we will only refund premiums on a pro-rata basis from the end of the Gregorian calendar month in which cancellation takes effect less S\$53.50 (inclusive of GST).
- ii. We have the right to cancel your policy at any time by giving you no less than 30 days in writing. We will refund you premiums on a pro-rata basis from the end of Gregorian calendar month in which cancellation takes effect provided you have returned to us the policy documents. We will not refund premiums if any claim, however small, has been made in the current policy year.

g) Changes in circumstances

If there is any change in circumstances affecting the risk, you must give us immediate written notice. In particular, you must notify us of any changes in occupation / business or health. This Policy including the Options will cease automatically if you remain outside of Singapore for a period in excess of ninety (90) consecutive days.

h) Free look period

You have a free-look period of 14 business days from the date that you receive this Policy to review it. You are deemed to have received the Policy within 3 days after we have dispatched it. If you decide that this Policy does not suit your needs, you may request to cancel it by giving us clear, written instructions and returning the Policy documents to us within the free-look period. Provided that no claims have been made during this period, we shall refund the premiums paid by you in full without interest. This free-look period shall not apply to policies with terms of less than 1 year. It will also not apply to policy renewals.

i) Distribution cost

Details of any distribution costs, charges and expenses will be made available upon your request.

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 SDIC websites (www.gia.org.sg or www.sdic.org.sg).

AXA: A World Leader in Financial Protection

AXA Group in 2013

- 91.3 billion Euros in consolidated revenues
- 160,000 employees working to deliver the right solutions and top quality service to our customers
- 102 million customers across the globe in 56 countries have placed their trust in AXA to:
 - Insure their property (vehicles, homes, equipment)
 - Provide health and personal protection coverage for their families or employees
 - Manage their personal or corporate assets
- Interbrand's No. 1 global insurance brand for the 5th year running

AXA Insurance Singapore 2013

- Leading General Insurer in Singapore
- Business ranking
 - No. 1 in Health Insurance
 - No. 2 in Motor, Cargo Insurance & Work Injury Compensation Insurance
- Over 170 years of local experience in Asia
- Wide range of Smart products for individual and business needs
- No.1 in Corporate Reputation (source: Reputation Management Associations)

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