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Application Form

SmartHome Essential

- 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 all sections on this form (IN BLOCK LETTERS), in order to avoid unnecessary delay in the processing of this application.
 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).

PART 1: PARTICULARS OF AP	PLICANT				
	🗌 Ms 🗌 Mrs 🗌 Mdm	_	Given Name		
Joint Names (where applicable)					
NRIC/FIN/Passport No				S	Sex: 🗌 Male 🗌 Female
Date of birth	Λαρ	Nationality	atus	0	
Correspondent address Hse/Blk No.	AgeIIn	Wanta St	Street Na	me	
			Otroot nu		
 Tel (H)					
Email					
		0			
PART 2: DETAILS OF PROPER	TY				
Address of property to be insured (if diff	erent from Address above):			
Name of Mortgagee (if any):					
		Condominium	-	others: please specify	
Is the property belonging to you:	🗌 Yes 🗌 No	Year Built			
The property is occupied by:	🗌 Owner 🗌 Tenan	t 🗌 Others:	please specify		
PART 3: SUMMARY OF INSUR	ANCE COVERAGE				
PERIOD OF INSURANCE FROM	то				
COVERAGE REQUIRED (Please tick)	(DD/MM/YYYY)	(DD/MM/YY)			
	Standard		Classic Plan	Deluxe Plan	Superior Plan
Annual Premium (including GST)	S\$ 53		S\$ 82.93	S\$ 120.38	S\$ 163.18
3-Year Special Premium (including GST)	S\$ 15	2.48	□ S\$ 236.35	S\$ 343.08	S\$ 465.06
Flexible Coverage/Additional or Optio	-				
Cover	Sum Insured (S\$)		Rate	Annual Premium (S\$)	3-Year Premium (S\$)
1a. Building		S\$2.68 per S\$10	0,000 Sum insured		
1b. Fixtures, Fittings & Renovation		S\$2.68 per S\$10	0,000 Sum insured		
2. Contents		S\$ 16.05 per S\$	10,000 Sum insured		
3. Worldwide Personal Liability		S\$ 16.05 per S\$	250,000 Sum insured		
Premium	1 to 3 (inclusive of GST)				
Total Pre	mium 1 to 3 + package (in	nclusive of GST)			
PART 4: QUESTIONNAIRE					
	ar ouffored or insurred on	loog under a gimil	or incurance?		Sector Yes I NO
 During the last 3 years, have you ever 2. Have you been declined or accepted 					
If the answer to any of the above question				ease write on separate s	
PART 5: PERSONAL DATA					
I confirm that the information I have pro	vided is my personal data	and, where it is no	ot my personal data, that	I have the consent of the	e 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, including the evaluating, processing, administering and/ or managing of my or our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which car					
be found at http://www.axa.com.sg ("Purposes").					
b. Collect, use, store, transfer and/ or disclose personal data about me or us and those whose personal data I or We have provided from sources other than myself of Collect, use, store, transfer and/ or disclose personal data about me or us and those whose personal data I or We have provided from sources other than myself of the collect of the co					
us for the Purposes. c. Contact me or us to share information	on about products and sev	vices from AXA tha	at may be of interest to me	e or us by post and e-mai	il and
By telephone	е 🗌 Е	ly fax	By text me	ssage	
PART 6: DECLARATION			PART 7: PAYMEN	T METHOD	
1. I/We declare that the above answers are full, complete and true and agree		CHEQUE – Crossed	and made payable to AXA	A Insurance Singapore Pte Ltd.	
that they shall form part of my/our application which shall be the basis of the Bank:				Cheque N	lumber:
contract of insurance. 2. I/We declare that no such insurance has been terminated in the last 12 Choose only ONE payment mode Choose only ONE payment mode					
months due to breach of any premium payment condition.					
	3. I/We understand that this Policy shall only be effective following premium				
payment and subject to the acceptance and approval of this application by AXA 🛛 MASTERCARD 🗌 VISA 🗌 OCBC 🗌 DBS 🗌 POSB 🗌 UOB					

Signature of Applicant

Date (DD/MM/YYYY)

PRODUCER'S NAME/ ACCOUNT CODE

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CHEQUE – Crossed and made payable to AXA Insurance Singapore P					
Bank:		Chee	que Number	:	
Choose only ONE payment mode					
Single Deduction		0% Interest	t Free Install	ment Plan ¹	
AMEX	DINERS	(Applicable	for Visa and	MasterCard Onl	iy)
MASTERCARD	VISA	OCBC	DBS	POSB	[
Issuing Bank:		Installment		12 Mont	hs

6 Months	12 M

AXA INSURANCE SINGAPORE PTE LTD 8 Shenton Way #27-01, AXA Tower Singapore 068811

Customer Care Department: #B1-01 Tel: 1800-880 4888 (Within Singapore)

(65) 6880 4888 (International)

Fax: (65) 6338 2522 Internet: http://www.axa.com.sg

Co. Reg No. 196900406D

Cardholder's name:				
State Relationship (where cardholder is not the Insured) ² :				
Card no.:	,			
	Card Verification Value Code (CVV) ³			
	Date: Contact No:			
	to their Cord Advancent Terms & Conditions Minimum promiur			

- Cartifolder's signature: Date: Control Control

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