

**AXA INSURANCE SINGAPORE PTE LTD**

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Customer Care Department: #B1-01

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Co. Reg No. 196900406D

**Application Form****SmartHome Optimum****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](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

**PART 1: PARTICULARS OF APPLICANT**Applicant's Full Name  Mr  Ms  Mrs  Mdm  Dr

Surname

Given Name

Joint Names (where applicable)

NRIC/FIN/Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_ Sex:  Male  Female

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Correspondent address Hse/Blk No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Street Name \_\_\_\_\_

Postal code \_\_\_\_\_

Tel (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Mobile/Pager) \_\_\_\_\_

Email \_\_\_\_\_ Occupation/Profession \_\_\_\_\_

**PART 2: DETAILS OF PROPERTY**

Address of property to be insured (if different from Address above): \_\_\_\_\_

Name of Mortgagee (if any): \_\_\_\_\_

Type of Property:  Flat  Terrace / Semi-detached  Condominium  Bungalow  Others: please specify \_\_\_\_\_Is the property belonging to you:  Yes  No Year Built \_\_\_\_\_The property is occupied by:  Owner  Tenant  Others: please specify \_\_\_\_\_**PART 3: SUMMARY OF INSURANCE COVERAGE****PERIOD OF INSURANCE**

Insurance to commence: From (DD/MM/YYYY): \_\_\_\_\_ To: (DD/MM/YYYY): \_\_\_\_\_

**Flexible Coverage/Additional or Optional Coverage**

COVERAGE REQUIRED (Please tick)	Plan	Annual Premium (inclusive of GST)	Sect	Cover	Sum Insured	Rate (inclusive of GST)	Premium
<input type="checkbox"/>	Standard	S\$ 112.35	1.	(a) Building	S\$	S\$6.42 per S\$10,000	S\$
<input type="checkbox"/>	Classic	S\$ 163.71		(b) Fixtures, Fittings & Renovation	S\$	S\$6.42 per S\$10,000	S\$
<input type="checkbox"/>	Deluxe	S\$ 208.65	2.	Contents	S\$	S\$32.10 per S\$10,000	S\$
<input type="checkbox"/>	Superior	S\$ 272.85	3.	Worldwide Personal Liability Limit of Liability to be increased to	<input type="checkbox"/> (a) S\$1,000,000 or <input type="checkbox"/> (b) S\$2,000,000	S\$53.50 S\$107.00	S\$
<input type="checkbox"/>	Ultimate	S\$ 353.10	6.	Personal Belongings – Worldwide Cover (a) Unspecified articles not exceeding S\$2,000 per item (b) Specified articles exceeding S\$2,000 per item, please provide receipts for underwriting		S\$128.40 per S\$10,000 Refer to underwriter	S\$
			7.	Family Personal Accident – Worldwide Cover (this section is compulsory if bicycle rider is taken up)	S\$50,000 - Insured & Spouse S\$10,000 - Each Child, Max 3	S\$69.55	S\$
			8.	Cyber Protector Rider	S\$55,000	S\$148.00	S\$
				<b>Total Premium</b>			S\$

**PART 4: QUESTIONNAIRE**

- During the last 3 years, have you ever suffered or incurred any loss under a similar insurance?  YES  NO
  - Have you been declined or accepted on special terms under a similar insurance within the last 2 years?  YES  NO
- If the answer to any of the above questions is YES, please provide details below. (If more space is required, please write on separate sheet of paper and attach.):

**PART 5: 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**PART 6: 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 declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
- 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 Insurance Singapore.

Signature of Applicant

Date (DD/MM/YYYY)

PRODUCER'S NAME/ ACCOUNT CODE

**PART 7: PAYMENT METHOD** CHEQUE – Crossed and made payable to AXA Insurance Singapore Pte Ltd.

Bank: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

**Choose only ONE payment mode****Single Deduction** AMEX  DINERS MASTERCARD  VISA

Issuing Bank: \_\_\_\_\_

**0% Interest Free Installment Plan<sup>1</sup>**

(Applicable for Visa and MasterCard Only)

 OCBC  DBS  POSB  UOB

Installment Period

 6 Months  12 Months

Cardholder's name: \_\_\_\_\_

State Relationship (where cardholder is not the Insured)<sup>2</sup>: \_\_\_\_\_

Card no.: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Card Verification Value Code (CVV)<sup>3</sup> \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact No: \_\_\_\_\_

<sup>1</sup> Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$200 is required for OCBC and S\$500 for DBS/POSB/UOB.

<sup>2</sup> Your security is our concern. If cardholder is not the Insured nor the insured's spouse, parent, parent-in-law, child or sibling, AXA Insurance reserves the right to reject payment via credit card.

<sup>3</sup> CVV - For Visa & MasterCard, CVV is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card. For AMEX, it is the 4-digit no. printed on the front of the card above the card number.

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