

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way #27-01 AXA Tower Singapore 068811

Customer Care Department: #B1-01

1800-880 4888 (Within Singapore)

≈ 1800-880 4888 (Within Singapore) (65) 6880 4888 (International)≤ 6338 2522

www.axa.com.sg
Co. Reg No. 196900406D
GST Reg No. M2-0009922-2

Application Form Smart *Home Prestige*

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.
- 2. Please complete all sections on this form (IN BLOCK LETTERS), in order to avoid unnecessary delay in the processing of this application.
- 3. 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).

	ne:						
			Sex: Male /	′ Fer	nale		
Nationality:							
			Occupation:				
-			Postal Code:				
Email:							
Telephone: (Home)			(Mobile)				
Your Annual Income							
\$200,000	\$400,000	\$600,000	☐ Others (Please indicate)				
			above):				
Are you staying in Are you permanent If No, please advise	the house/building tly residing in this e what is the maxii	d	Condominium Tenant Yes		0	Ter Oth No nth/	ers
Are you staying in Are you permanent If No, please advise Name of Mortgage	the house/building tly residing in this what is the maxing (if any):	d	Condominium Tenant Yes		0	Oth No	ers
Are you staying in Are you permanent If No, please advise Name of Mortgage PART 3: PROP 1. Do you have fin 2. Do you have a law is it connected in the stay in t	the house/building tly residing in this e what is the maxime (if any):	Bungalow g as:	Condominium Tenant Yes / stalled in your house ?	0 0 0 0	YES YES YES YES YES	Oth No nth/	Yea No No No
Are you staying in Are you permanent If No, please advise Name of Mortgage PART 3: PROP 1. Do you have fin 2. Do you have a lad 1. If yes, is it connot 1. Is the burglar alburglar alburglar alburglar alburglar alburglar you have a lad 1. If yes, please proposed to you have full the pool of the proposed to the propo	the house/building tly residing in this e what is the maxime (if any):	Bungalow g as:	Condominium Tenant Yes yes stalled in your house?		YES YES YES YES	Oth No nth/	Yea No No No

PART 4: SUMMARY OF INSURANCE COVERAGE

Section	Coverage	Sum Insured
1	Building (including fixtures, fittings & renovation)	
2	Household Contents (valuables up to 1/3 of household contents in total and per article limit not exceeding \$\$7,000) Each valuable item exceeding \$\$7,000 must be specified	
Addition	al / Optional Covers	Sum Insured
7	Worldwide Cover for Personal Belongings (including valuables) (total value should not exceed 50% of household contents sum insured) Each single item exceeding \$\$7,000 must be specified	
Insurance	e for Fine Art	Sum Insured
☐ Your Seco	Worldwide Cover for Private Collection/Fine Art (including Fine Art, paintings, antiques, valuables, collectibles & the like) To provide a list of items to be covered In to take up the following insurance? Incompany Home(s). If yes, please provide details (ONLY in Singapore attion:	·
Sum insu	red: Building S\$	
	Contents (excluding valuables): \$\$	
What is t	he maximum duration per stay? Mon	
☐ Your Car	(s)	
☐ Your Plea	isure Craft(s)	
☐ Your Pers	sonal Accident Insurance	
PERIOD OF	INSURANCE FROM TO	
	(DD/MM/YY)	(DD/MM/YY)
The policy	is subject to minimum premium of S\$1,016.50 (including G	ST).

PART 5: 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 question is YES, please provide details below. (If more space is required, please write on separate sheet or paper and attach)

Part 6: 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, 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

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By text message

PART 7: DECLARATION

- 1. 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.
- 2. I/We declare that no such insurance has been terminated in the last 12 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 Insurance Singapore.

Date (DD/MM/YY): Signature of Applicant: PART 8: PAYMENT METHOD ☐ CHEQUE - Crossed and made payable to **AXA Insurance Singapore Pte Ltd** Bank: _ Cheaue No.: ☐ CREDIT CARD Choose only ONE payment mode **Single Deduction** 0% Interest Free Installment Plan ☐ Amex ☐ Diners DBS □ POSB □ LIOR □ VISA MasterCard Installment Plan Issuing Bank: 6 months ☐ 12 Months Cardholder's Name: Contact No.: State Relationship (where cardholder is not the Insured)² Credit Card No.: | Card Verification Value Code (CVV)³: Expiry date: | m | m | | Cardholder's signature: Date: Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of \$\$200 is required for OCBC and \$\$500 for DBS/POSB/UOB.
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 cafe.

PRODUCER'S NAME/ ACCOUNT CODE

Viol Grant Card. CW2 - 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.

Please provide description and sum insured for the following items, for the value exceeding \$\$7,000 per article (please specify items kept in a Bank Vault):
Jewellery
Fine Art
Stamps, Coins, Medals
Other Articles (e.g. Furs, Sliverwares, Musical Instruments, Electronic Products)



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BUSINESS REPLY FOLDER PERMIT NO. 01844

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