



redefining / insurance

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower

Singapore 068811

Customer Care Department: #B1-01

☎ 1800-880 4888 (Within Singapore)

(65) 6880 4888 (International)

☎ (65) 6338 2522

🌐 www.axa.com.sg

Co. Reg. No. 199903512M

GST Reg. No. 199903512M

Application Form

SmartCare Prime

Name of Advisor **Fortress Insure Solutions Hub** Account Code: **11606**

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 note that under the insurance plan you are applying for, benefits will only be payable upon an accident occurring.
- If you have an existing policy with one insurer and wish to replace it with a policy from another insurer, you should consider whether this would be detrimental to you. For example: you may incur a penalty for terminating your existing policy; the premium and the terms under the new policy may be different. You should therefore take into account the total costs to be incurred versus the benefits to be obtained, before you make such a decision.
- 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 use a separate sheet of paper if the space provided is inadequate. (Please complete in BLOCK LETTERS.)
- This product 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).
- This is not a Medisave-approved product and you may not use Medisave to pay the premium for this policy.

Part I - Particulars of Person to be Insured

Surname <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		Given name	
NRIC No. / FIN No.	Nationality	Marital Status	
Date of Birth (ddmmyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	
Mailing Address		Postal code	
Have you been in Singapore for more than 182 days at the time of application? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
Email		(Mobile)	
Occupation	Job nature	Industry	

Part II - Particulars of Family Members to be Insured

Full name	NRIC/ FIN/ BC No.	Date of birth (ddmmyyy)	Gender
Spouse			
Child 1			
Child 2			
Child 3			

Occupation/Profession of Spouse: _____ Industry: _____

Note: Proposal for children must include at least one parent (If more space is required, please write on separate sheet of paper and attach herewith).

Part III - Details of Employer

Please complete this section **ONLY** if policy is to be issued to your employer.

Name of Employer: _____

Address of Employer: _____

Nature of Employer's Business: _____

Part IV - Details of Insurance (Please tick the appropriate box)

PERIOD OF INSURANCE From (ddmmyyyy) _____ To (ddmmyyyy) _____

ANNUAL PREMIUM S\$

CHOICE OF PLAN	PLATINUM	GOLD	SILVER	ACCIDENTCARE RIDER
Insured	<input type="checkbox"/> 468	<input type="checkbox"/> 328	<input type="checkbox"/> 186	<input type="checkbox"/> 90
Spouse	<input type="checkbox"/> 418	<input type="checkbox"/> 288	<input type="checkbox"/> 168	<input type="checkbox"/> 90
Each Child	<input type="checkbox"/> 188	<input type="checkbox"/> 128	<input type="checkbox"/> 68 <input type="checkbox"/> Free Cover	<input type="checkbox"/> 27

Notes: 1) The premium stated is inclusive of GST and applicable for Class I and Class II risks. Refer to underwriter for Class III, Decline or Referred risks.
2) Child Benefit is 50% of Main Insured's Benefits.
3) Free Child Cover is entitled to 10% of Main Insured's Benefits for **SmartCare Prime** only and not offered for AccidentCare Rider.
4) Family Discount is applicable to **SmartCare Prime** and AccidentCare Rider.
5) AccidentCare Rider is to be taken up with **SmartCare Prime**.

FAMILY DISCOUNT ☐ 10% for Insured, Spouse & Child(ren) cover (Not applicable with Free Child Cover)
☐ 5% for Insured & Spouse cover or Insured & Child(ren) cover

TOTAL PREMIUM (after discount, if applicable) : S\$ _____ **PER YEAR**

Part V - Questionnaire

1. Do you have or ever had any disease, infirmity, illness or physical defect? YES / NO
If yes, please give details: _____
2. Are you engaged in anything hazardous in your occupation, sports or any other pursuits? YES / NO
If yes, please give details: _____
3. Do you travel frequently? What is the frequency of these trips per year? YES / NO

4. Has any Insurer in connection with Life, Personal Accident or Sickness Insurance ever deferred or declined your Proposal, refused or terminated an insurance or imposed special terms? YES / NO
If yes, please give details: _____
5. Do you have any other Personal Accident Insurance? Have you ever made a claim against any insurer in respect of injury? YES / NO
If yes, please state Company, Policy No. and Capital Sum Insured and give details: _____

Part VI - 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 Pte Ltd ("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").
- 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

Part VII - 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 all persons proposed for insurance are in good health and are free from any form of physical defect or infirmity.
3. I/We understand that this Policy shall only be effective following full annual/monthly premium payment and subject to the acceptance and approval of this application by AXA Insurance Pte Ltd.
4. I/We declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
5. 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 Pte Ltd, 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.
6. I/We understand that AXA Insurance Pte Ltd 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) _____

Date (ddmmyyyy) _____

Part VIII - Payment Method

Please choose only ONE payment mode from 1 - 4

- ☐ **Cash/Nets:** You may make your payments at our AXA Customer Centre at AXA Tower during our office hours (Monday to Friday, 9.00am to 5.30pm). Please do not send cash by post.
- ☐ **Cheque:** Crossed and made payable to AXA Insurance Pte Ltd.
Please indicate the Product, Policyholder's name, NRIC and Contact Number clearly on the back of the cheque. Please do not send us post-dated cheques.
Bank _____ Cheque Number _____
- ☐ **Credit Card:** Please fill up the Credit Card Authorisation Form. You may either post the form to us or email it to us at creditcardpayment@axa.com.sg
- ☐ **AXS:** Pay your premiums at (a) AXS stations that are located island-wide; (b) AXS e-Station via <http://www.axs.com.sg/axsEStation.php> or (c) AXS m-Station via mobile apps



redefining / insurance

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower
Singapore 068811

Customer Care Department: #B1-01

☎ 1800-880 4888 (Within Singapore)

(65) 6880 4888 (International)

📠 (65) 6338 2522

🌐 www.axa.com.sg

Co. Reg. No. 199903512M

GST Reg. No. 199903512M

Credit Card Authorisation Form

Agent Account Code

Dear Valued Customer,

Thank you for choosing AXA as your preferred insurer.

Please complete the form with the details as requested to allow us to proceed with the deduction. Once you have completed the form, please e-mail it to creditcardpayment@axa.com.sg. You do not need to include the application form or renewal instruction form in your email to us. Thank you!

Payment Instructions

Name of Insured _____ Contact No. _____

Email Address _____

Class of Insurance	<input type="checkbox"/> Motor	<input type="checkbox"/> Health	<input type="checkbox"/> Home	<input type="checkbox"/> Marine
	Vehicle No. _____	<input type="checkbox"/> Travel	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Property & Casualty
Policy Type	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Endorsement	
	Motor Cover No. _____	Policy No. _____		

Period Of Insurance From _____ To _____

Amount to be Debited Singapore Dollars _____

Choose only ONE payment mode

☐ **Full Payment** (Applicable for Visa / MasterCard / AMEX / DINERS)

OR

☐ **Installment Plan - 0% Interest Free¹** (Applicable for Visa and MasterCard only)

Participating Bank :

☐ OCBC ☐ DBS ☐ POSB ☐ UOB

Installment Period

☐ 6 Months ☐ 12 Months

¹ 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.

The 0% interest free installment plan presented in this form is a facility offered by the Bank. Upon deduction of the premium via this installment scheme, you will receive an SMS notification from the Bank, stating the full premium charged to your credit card. The monthly installment amount and installment period will then be reflected in your monthly credit card statement.

Credit Card Details

Cardholder's Name _____

State Relationship (where cardholder is not the Insured)² _____

² 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.

Card No. _____

Expiry Date /

Card Verification Value Code (CVV)³ _____

³ For Visa, MasterCard & Diners, 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.

I hereby confirm that the information given above is correct. I agree to AXA Insurance Pte Ltd collecting, using and disclosing my personal data for the purposes of processing this payment arrangement.

Cardholder's Signature _____ Contact No. _____ Date _____