AXA INSURANCE PTE LTD

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8 Shenton Way #24-01, AXA Tower Singapore 068811 AXA Customer Care: #B1-01 Tel: 1800-880 4888 (Within Singapore)

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Application Form

SmartHome Essential

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IMPORTANT NOTES

1. 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 you; insurer or visit the GIA or SDIC websites (www.gia.org.sg.) or www.sdic.org.sg.)

Applicant's Full Name	ARS OF AP	PLICANI					
		☐ Ms ☐ Mrs	_				
urname					Given Name		
oint Names (where applic	cable)						
RIC/FIN/Passport No				Nationality		S	ex:
ate of birth		Age		Marital S	tatus		
orrespondent address	Hse/Blk No		Unit	No	Street	Name	
el (H)		(0)			(Mok	oile/Pager)	
mail					Occupation/Profession		
PART 2: DETAILS (
ddress of property to be	insured (if diffe	erent from Ado	dress above):				
ame of Mortgagee (if an	y):						
		ce / Semi-deta	ched	Condominium	Bungalow	Others: please specify	
the property belonging		☐ Yes	□ No	Year Built _			
ne property is occupied I	-	Owner	☐ Tenant				
PART 3: SUMMAR	•			_ outers	picace specify		
ERIOD OF INSURANCE F			TO -				
		(DD/MM/YYYY)		(DD/MM/Y)			
OVERAGE REQUIRED (Ple			Standard P		Classic Plan	Deluxe Plan	Superior Plan
nnual Premium (including	-		S\$ 53.5		S\$ 82.93	S\$ 120.38	S\$ 163.18
Year Special Premium (in	-		☐ S\$ 152	.48	☐ S\$ 236.35	☐ S\$ 343.08	☐ S\$ 465.06
Flexible Coverage/Add	iitional or Optio		- 4 (CA)		D-4-	August B. 1. (24)	2 V 5 1 (24)
Cover		Sum Insur	ed (S\$)		Rate	Annual Premium (S\$)	3-Year Premium (S\$)
La. Building					.0,000 Sum insured		
Lb. Fixtures, Fittings & I	Renovation				.0,000 Sum insured		
2. Contents				•	\$10,000 Sum insured		
Worldwide Personal		4. 0		S\$ 16.05 per S	\$250,000 Sum insured		
		1 to 3 (inclusi	-				
Sum insured must be nu		mium 1 to 3 +			locks of \$250,000 for	Section 3. This is not applic	able to specified items
-	rchased in bloc				locks of \$250,000 for	Section 3. This is not applic	able to specified items.
PART 4: QUESTION	rchased in bloo	cks of \$10,000	0 for Section	s 1 and 2, and b		Section 3. This is not applic	
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