

Enhanced HomePlus® Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise, the Policy issued hereunder may be void.

Please tick where appropriate.

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ Gender Male Female
 (*delete if not applicable) (Name as in your NRIC/FIN/Passport. Please underline surname.)

Residential Address _____ Postal Code _____

If your mailing address above is different from the existing record with MSIG (if any), would you like to update all your existing policies with the new mailing address? Yes No

NRIC/FIN/Passport No _____ Date of Birth _____ Nationality _____ Occupation _____
 (Please provide NRIC No. if Applicant is a Singaporean/PR)

Marital Status Single Married Others Race Chinese Malay Indian Others _____
 (please specify)

Tel _____ (Home) _____ (HP) Email _____

(B) Period of Insurance

From _____ to _____

(C) Details of Your Home to be Insured

Address _____

Type of Property Condominium/Private Apartment Landed property HDB 5-Room and above
 HDB 3/4-Room Flat Others (please specify) _____

Is Your Home Owner Occupied Rented to you Tenant Occupied Unoccupied-See remarks below
 Remarks - Please contact us if the property is currently unoccupied.

(D) Choice of Plan

Currency: Singapore dollars
 Premium inclusive of GST

Please tick your choice of Plan	Standard Plan		Superior Plan		Ultimate Plan	
	Sum Insured	Annual Premium	Sum Insured	Annual Premium	Sum Insured	Annual Premium
	As per Plan	<input type="checkbox"/> \$118.77	As per Plan	<input type="checkbox"/> \$176.55	As per Plan	<input type="checkbox"/> \$233.26
Optional Cover						
1. Building: \$4.28 per \$10,000 Sum Insured Minimum \$50,000	\$	\$	\$	\$	\$	\$
If you have a mortgage, please advise name of Bank/Financier: _____ If your building is registered as a Management Corporation property, please provide MCST No.: _____						
Additional Cover						
2. Contents: \$16.05 per \$10,000 Sum Insured Minimum \$10,000	Not Applicable		Not Applicable		\$	\$
3. Renovations: \$4.28 per \$10,000 Sum Insured Minimum \$10,000	Not Applicable		Not Applicable		\$	\$
Total Annual Premium (including Optional/Additional Cover, if any)		\$		\$		\$

(E) General Information

Have you or has any member of your family living with you:

- i. ever been refused cover, or imposed special terms by any insurance company on insurance relating to the property to be insured and/or its contents? No Yes
- ii. had any property from the address to be insured stolen, lost or damaged in the last 3 years? No Yes
- iii. had any claim in respect of the residential home and/or home contents made against you/them in the last 3 years? No Yes

If answer is Yes to any of the above questions, please provide details below:

(F) Premium Payment

I enclose my cheque no. _____ for S\$ _____ payable to "MSIG Insurance (Singapore) Pte. Ltd."

Please charge S\$ _____ to my Visa/MasterCard Credit Card* no - - -

Name of Bank _____ Name on Credit Card _____ Card Expiry Date /

*Note: Credit card payment is acceptable for personal application only

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This credit card

- belongs to the Insured
- belongs to someone other than the Insured

Please state relationship to Insured _____

Signature of Cardholder

Date

(G) Preference For Receiving Updates *(Please mark one box)*

- Yes, I agree to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.
- No, I do not wish to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.

(H) Declaration

I want to effect the insurance specified here and declare that I:

- i) warrant that the information given and answers to questions in this Application are true and correct to the best of my knowledge and have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s assessment of this Application.
- ii) understand that the personal accident benefits of this insurance will only be payable upon an accident occurring.
- iii) agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- iv) understand this Application will be subject to the approval and acceptance by MSIG Insurance (Singapore) Pte. Ltd. and the premium fully paid and received by the Company before cover can be effected.
- v) understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy & Cookies Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may also send me marketing mailers by post or emails. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. Please refer to the full MSIG's Privacy & Cookies Policy for more information.

Signature of Applicant

Date

Agent/Broker Stamp

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation. For more information on the scheme, please visit www.gia.org.sg or www.sdic.org.sg

This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy and will be sent to you upon acceptance of your application by MSIG Insurance (Singapore) Pte. Ltd.