

TravelEasy 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 *(for and on behalf of all Persons to be Insured)*

Note: For a Child Insured Person aged below 18 years old, the parent or legal guardian must be the 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) Details of Cover

Type of Cover Individual Adult & Child(ren) Family Group Cover (Applies to single trip plans only. Refer to information below.)

Choice of Plan Standard Elite Premier *(not applicable to Group Cover for 2 to 5 persons)*

Region of Travel Area A Brunei, Cambodia, Indonesia, Laos, East and West Malaysia, Myanmar, Philippines, Thailand and Vietnam
 Area B Australia, China (Excluding Inner Mongolia and Tibet), Hong Kong, India, Japan, Korea, Macau, New Zealand, Sri Lanka, Taiwan and including countries in Area A
 Area C Worldwide, including countries in Areas A and B

Cover Required Single Trip **Period of Insurance** From _____ to _____
(Date of Departure) (Date of Arrival)

Country(ies) travelling to _____

Annual Plan **Period of Insurance** From _____

Group Cover - Covers 2 to 5 insured persons travelling together as a group on the same journey and covered on the same single trip plan; provided the applicant is travelling with the group. Children under 18 years old are covered on child benefits only.

(C) Details of Person(s) to be Insured

Individual : Details of person to be insured

Adult & Child(ren)/: Details of adult persons to be insured. Please indicate number of child(ren) to be insured _____

Family : Details of child(ren) are not required. The total number of Insured Persons including child(ren) shall not exceed 7.

Group Cover : Details of all persons to be insured including child(ren)

No.	Name of Person(s) to be Insured	NRIC/FIN/Passport No. <i>(Please provide NRIC No. for Singaporean/PR)</i>	Date of Birth	Relationship to Applicant	Premium (S\$)
1					
2					
3					
4					
5					
6					
7					
Total Premium (S\$)					

(D) Premium Payment (for and on behalf of all Persons to be Insured)

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

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

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

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

This credit card belongs to the Insured belongs to someone other than the Insured

Please state relationship to Insured _____

Signature of Cardholder

Date

(E) 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.

(F) Declaration

I have read the COVID-19 Cover terms and conditions and understand that:

1. only section 6 (Overseas medical expenses), section 15 (Medical and travel assistance services), section 16 (Emergency medical evacuation and repatriation), section 21 (Travel cancellation) and section 22 (Travel postponement) provide cover for COVID-19 based on the conditions and limits stated under COVID-19 Cover.
2. no benefit is payable under COVID-19 Cover if I am travelling to countries against the travel advisory issued by Singapore government.
3. no benefit is payable under Section 21 (Travel cancellation) and Section 22 (Travel postponement) if the insured event occurs within 14 days from the purchase date of the policy.
4. no claims will be payable arising from situations listed in the Exclusions such as:
 - (a) travel cancellation/travel postponement due to change in travel advisory
 - (b) pre-existing medical condition
 - (c) medical expenses incurred in Singapore due to COVID-19
 - (d) any expenses incurred for the purpose of obtaining approval to travel

I want to effect the insurance specified and on behalf of all persons proposed to be insured agree/declare that:

1. all persons to be insured understand that all pre-existing medical conditions are not covered under Standard, Elite and Premier Plan.
2. all persons to be insured are in good health and free from physical defects and are not travelling against the advice of any doctor or for the purpose of obtaining medical treatment.
3. my/our round trip to be insured under this Policy starts and ends in Singapore.
4. none of the persons intended to be insured have already left Singapore on any trip meant to be covered by this insurance. I/We understand that an insured person is not covered for the entire trip if they leave Singapore before the start of the period of insurance.
5. all persons to be insured have not been refused cover or imposed special terms for travel insurance by any insurer.
6. none of the persons intending to be insured are aware of any circumstances which are likely to lead to a claim under the policy.
7. any child insured person under the age of 12 years must be accompanied by a parent or adult guardian during the trip.
8. the country of residence of all persons to be insured is Singapore.
9. all persons to be insured have authorised me to complete the Application Form on their behalf.
10. the information given and answers to questions in this Application are true and correct to the best of my/our knowledge and I/we have not withheld any facts likely to influence MSIG's assessment of this Application.
11. I/we accept the terms, conditions, and exclusions contained in the Policy and that this Application, Declaration and any other information provided shall form the basis of the contract.
12. I/we understand and accept that my/our 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 (on behalf of all Insured Persons)

Date

Agent/Broker Stamp