

## Protection<sup>Plus</sup> 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) Choice of Plan

Applicant (Age between 18 and 65 years) ☐ Silver Plan ☐ Gold Plan ☐ Platinum Plan  
 Spouse (Age between 18 and 65 years) ☐ Silver Plan ☐ Gold Plan ☐ Platinum Plan  
 Plan selected shall not be higher than the Applicant's Plan.

### (D) Person(s) to be insured

| Name          | M/F             | Date of Birth | NRIC/FIN/Passport No. | Nationality | Usual Country of Residence | Occupation | Annual Premium |
|---------------|-----------------|---------------|-----------------------|-------------|----------------------------|------------|----------------|
| The Applicant | as stated above |               |                       |             |                            |            |                |
| Spouse        |                 |               |                       |             |                            |            |                |
| Child         |                 |               |                       |             |                            |            |                |
| Child         |                 |               |                       |             |                            |            |                |
| Child         |                 |               |                       |             |                            |            |                |

Cover for your children between the ages of 1 and 18 years or 23 years if pursuing full-time education in a recognised tertiary institution. Child cover is at 10% of the sum insured for accidental death, permanent and total disablement and medical expenses benefits under the plan selected by the Applicant or his/her covered spouse, whichever is of the higher plan.

- (i) Free Cover – Up to 3 children if the Applicant and spouse enrol at the same time.
- (ii) Paid Cover – Up to 3 children if the Applicant enrolls with the children subject to additional premium for each child cover.
- (iii) If children are to be insured under Free Cover, please indicate "FOC" in the Annual Premium column.

## (E) General Information

- (i) Do you and/or the person(s) to be insured suffer from any physical defect or infirmity or disease of any kind? ☐ No ☐ Yes
- (ii) Do you and/or the person(s) to be insured engage in any hazardous sports that are likely to cause bodily injury? ☐ No ☐ Yes
- (iii) Have you and/or the person(s) to be insured sustained any accidental injuries over the last five years? ☐ No ☐ Yes

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

## (F) Premium Payment

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

Name of Bank \_\_\_\_\_ Name on Credit Card \_\_\_\_\_ Card Expiry Date  /   
m m y y y y

\*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

## (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) am aware that I may get the advice of a financial adviser before buying this Policy. If I choose not to do so, I have carefully considered whether this Policy is suitable for me.
- (ii) understand that the benefits of this insurance will only be payable upon an accident occurring.
- (iii) warrant that the information given and answers to questions in this Application are true and correct to the best of my knowledge.
- (iv) have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s assessment of this Application.
- (v) 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.
- (vi) 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.
- (vii) agree that the policy will be entered in the register of Singapore policies.
- (viii) I 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  
(for and on behalf of all persons to be insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker Stamp

You should consider carefully if you are intending to switch personal accident policies, as this might be detrimental to your current and/or future needs. You have a free look period of 14 business days after the date you receive the Policy. If you decide to cancel the Policy within these 14 days, please inform us and we will cancel the Policy from its start date and refund in full premium paid provided no claim has arisen. The total distribution-related cost of this product is between 15% and 35% of the insurance premium.

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.