

Global Study 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 Person 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 _____
(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 Person to be Insured

Name of Person to be Insured _____

NRIC/FIN/Passport No. _____ Date of Birth _____ Relationship to Applicant _____
(Please provide NRIC No. for Singaporean/PR)

(C) Details of Cover

Currency: Singapore dollars

Premium (inclusive of GST)	Classic	Premier
1-month cover	<input type="checkbox"/> \$65.40	<input type="checkbox"/> \$152.60
3-month cover	<input type="checkbox"/> \$130.80	<input type="checkbox"/> \$305.20
6-month cover	<input type="checkbox"/> \$228.90	<input type="checkbox"/> \$534.10
12-month cover	<input type="checkbox"/> \$327	<input type="checkbox"/> \$763

Period of Insurance From _____ to _____
(Date of Departure) (Date of Arrival)

Country of Study _____ Name of Overseas Educational Institution _____

(D) Premium Payment *(for and on behalf of Person to be Insured)*

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* m m y y y y

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 want to effect the insurance specified and on behalf of the person to be insured herein agree/declare:

- 1) I am aware that no benefits will be payable under this Policy for claims in connection with Pre-existing Conditions, as defined in the Policy.
- 2) The person to be insured is in good health, not travelling against the advice of any doctor or for the purpose of getting medical treatment, and has yet to leave Singapore on any journey meant to be covered by this insurance.
- 3) The person to be insured, the sponsor and I are not aware of any circumstances which are likely to lead to a claim under the policy.
- 4) During the period of insurance, the person to be insured is
 - a) registered with an overseas educational institution as a part-time or full-time student, or participating in a student exchange program, industrial attachment or internship as arranged by their educational institution, and
 - b) not employed as a manual worker.
- 5) I declare that the Person to be insured has not been refused cover or imposed special terms for travel insurance by any insurance company.
- 6) I agree that the Policy will be entered in the register of Singapore policies.
- 7) I agree to accept the insurance as specified in my Policy and that this Application and Declaration is the basis of the contract between me and MSIG. I understand this Application will be subject to acceptance by MSIG before cover can be granted.
- 8) 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 (on behalf of all Insured Persons)

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.