

PA PrimePlus 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. 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 _____ Date of Birth _____ Nationality _____
 (Please provide NRIC No. if Applicant is a Singaporean/PR)

Occupation _____ Marital Status ☐ Single ☐ Married ☐ Others

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

Optional Cover

Medical expenses for injury : ☐ Option 1: \$5,000 (for Silver and Gold plans) ☐ Option 2: \$7,500 (for Gold plan only)

Only annual payment is available for manual applications

Spouse and children will be covered under the same plan as applicant.

(D) Person(s) to be insured

Name	M/F	Date of Birth	NRIC/FIN	Nationality	Usual Country of Residence	Occupation	Total Annual Premium
The Applicant	as stated above						
Spouse							
Child							
Child							
Child							

To be eligible for cover, the applicant and spouse (if any) must be employed only in an occupation that is professional, managerial or administrative and which does not involve manual work, the use of tool or machinery, operation of vehicle as a primary job function or exposure to hazards or high-risk environment. This insurance cover will continue to cover the insured person should they become unemployed during the period of insurance.

Free cover is available for your children between 1 month and 21 years if both the applicant and spouse enrol at the same time. Child cover is at 10% of the sum insured for benefits under the plan selected by the Applicant.

(E) Premium Payment

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

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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

(F) Declaration

Important Points

I have read and confirm that I:

- (i) do not have any life, health or personal accident policy declined, refused renewal or terminated by an insurer;
- (ii) understand that pre-existing medical conditions are excluded;
- (iii) am aware that the full conditions and exclusions can be found in the policy wordings;

Declaration

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

- (i) have fully and faithfully, provided all information, reasonably expected to influence MSIG's acceptance of the application. If not, MSIG may cancel the policy as at the start date and/or we may receive no benefit (Section 23(5) of the Insurance Act 1966);
- (ii) agree that my personal information will be processed in accordance with [MSIG's Privacy & Cookies Policy](#).
- (iii) 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.
- (iv) understand this application will be subject to the approval and acceptance by MSIG and the premium fully paid and received by MSIG before cover can be effected.
- (v) Have read the Important Points.

Preference for Receiving Updates

☐ Yes, I agree to receive marketing and promotional messages from MSIG via phone-based messaging (such as SMS, WhatsApp, WeChat) and phone calls.

Signature of Applicant

(for and on behalf of all persons to be insured)

Date

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.

POLICY OWNERS' PROTECTION SCHEME

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 your insurer or visit the GIA /LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).