

HomeEasy 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

Private Apartment ☐ Executive condominium ☐ Condominium ☐ Private Apartment ☐ HUDC Apartment
 HDB ☐ Studio apartment ☐ HDB 1-room ☐ HDB 2-room/2-room Flexi ☐ HDB 3-room
☐ HDB 4-room ☐ HDB 5-room ☐ HDB Executive/Maisonette ☐ HDB Jumbo
 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	Premium (inclusive of GST)			
	Owner occupied / Landlord		Tenant	
	Silver	Gold	Silver	Gold
1 year	<input type="checkbox"/> \$73.03	<input type="checkbox"/> \$124.81	<input type="checkbox"/> \$54.50	<input type="checkbox"/> \$87.75
3 year	<input type="checkbox"/> \$208.46	<input type="checkbox"/> \$354.53	<input type="checkbox"/> \$155.06	<input type="checkbox"/> \$248.78
5 year	<input type="checkbox"/> \$328.64	<input type="checkbox"/> \$559.72	<input type="checkbox"/> \$245.25	<input type="checkbox"/> \$392.95
Optional Cover				
Option 1 - Family Protection				
1 year	<input type="checkbox"/> \$24.53			
3 year	<input type="checkbox"/> \$69.24			
5 year	<input type="checkbox"/> \$109.00			
Option 2 - Bicycle/Mobility Scooter				
1 year	<input type="checkbox"/> \$8.72			
3 year	<input type="checkbox"/> \$23.97			
5 year	<input type="checkbox"/> \$37.60			
Option 3 - Worldwide cover for Personal Effects				
1 year	<input type="checkbox"/> \$136.25			
3 year	<input type="checkbox"/> \$392.40			
5 year	<input type="checkbox"/> \$615.85			
Total Annual Premium (including Optional 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 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

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

 -

 -

 -

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

(G) 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.

(H) Declaration

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

1. have provided information and answers to questions in this Application that are true and correct to the best of my knowledge and I have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s ("MSIG") assessment of this Application
2. agree that this Application, Declaration and any other information provided shall form the basis of the contract and agree to accept the terms, limitations conditions and exclusions contained in the Policy.
3. understand that the personal accident benefits of this insurance will only be payable upon an accident occurring.
4. understand this Application will be subject to the approval and acceptance by MSIG and the premium fully paid and received by the Company before cover can be effected.
5. 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 MSIG to provide me with insurance services. 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.

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 (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).

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.