

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* _____
*(*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)

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 ☐ Lite ☐ Standard ☐ Elite ☐ Premier

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)*

☐ Annual Plan **Period of Insurance** From _____
 (Not applicable for Group cover and Lite Plan)

Group Cover - Covers 2 or more 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.

The total limit for all persons travelling in one aircraft or surface transport vehicle or vessel is limited to \$15,000,000. If the total claim amount for all persons exceeds \$15,000,000, we will pay each person a percentage of the benefit due for that person.

The total limit for terrorism cover for all persons is \$5,000,000 per event regardless of the mode of transport. If the total claim amount exceeds \$5,000,000, we will pay each person a percentage of the benefit due for that person.

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

For larger groups, please attach the list of persons to be insured with the same required details.

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 (\$\$)
1					
2					
3					
4					
5					
6					
7					
Total Premium (\$\$)					

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

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

(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 TravelEasy and COVID-19 Cover terms & conditions and understand that:

TravelEasy and COVID-19 Cover will not pay claims due to:

- i) the **insured person** travelling against doctor's advice.
- ii) the **insured person** travelling against travel advisory issued by the Singapore government.
- iii) circumstances that are likely to result in any claim, which you or the **insured person** is aware of before the purchase of this policy.
- iv) claims from child **insured persons** under 12 years provided they are accompanied by a parent or adult guardian during the trip.
- v) **pre-existing medical condition**.

COVID-19 Cover will not pay for claims due to:

- 1. changes to travel advisory or restrictions, travel arrangement, **COVID-19** prevention measures issued by any government or authority relating to epidemic or pandemic at your planned destination or Singapore.
- 2. any medical test, vaccination, quarantine, or isolation required by the Singapore or overseas government, transport or accommodation provider that applies broadly to general travellers based on departing or arriving country, taken for the purpose of obtaining approval to travel for the **journey**.
- 3. medical expenses incurred in Singapore; medical expenses incurred after 60 days from the date the **insured person** first tested positive for **COVID-19** by a **doctor** or government approved personnel during the **trip** outside Singapore. To avoid any doubt, we will assess the claim based on the date which the **COVID-19** test was done and not the date which the test results are released.
- 4. vaccination, including the side effects and complications resulting from vaccination.
- 5. **pre-existing medical condition** and its complications, regardless of whether it is resulting from or complicated by **COVID-19** infection.

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

- 1. I/we accept the terms, conditions, and exclusions contained in the TravelEasy and COVID-19 Cover policy wordings and that this Application, Declaration and any other information provided shall form the basis of the contract.
- 2. all persons to be insured have authorised me to complete the Application Form on their behalf.
- 3. all persons to be insured have not been refused cover or imposed special terms for travel insurance by any insurer.
- 4. 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.
- 5. 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.
- 6. 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.

Please refer to the Policy terms and conditions for the definition of the words in bold.

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 (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).