

TravelEasy Pre-Ex 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) Pre-qualifying Questions *(for and on behalf of Person to be Insured)*

Note: Please answer the questions to check for your eligibility – If you are eligible for cover, please complete Section B, C, D, E, F and G.

For all of my **pre-existing medical conditions**,

- I am following my treating **doctor's** advice. This includes not refusing or delaying any monitoring, medical appointment, medical test, medication, treatment or surgery. ☐ Yes ☐ No
- I do not have any medical condition or symptom which I have not consulted a **doctor** for or for which I am waiting for medical test, medical result, diagnosis, treatment or surgery. ☐ Yes ☐ No
- I am not required to receive treatment at a **hospital's** Accident and Emergency Department more than once in the last 12 months. ☐ Yes ☐ No
- I am not required to stay in a **hospital** as an **inpatient** for more than three days in a row in the last 12 months. ☐ Yes ☐ No
- I am not required to stay in a **hospital** as an **inpatient** for more than once in the last 12 months. ☐ Yes ☐ No

If you have answered 'No' to any one of the questions above, you are not eligible for cover.

(B) 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* _____
*(*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 _____

(C) 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)

(D) Details of Cover

Type of Cover **Individual**

Choice of Plan ☐ Pre-Ex Standard ☐ Pre-Ex Elite ☐ Pre-Ex 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 (Maximum duration of 30 days, inclusive of date of departure and date of arrival)

From _____ to _____
(Date of Departure) *(Date of Arrival)*

Country(ies) travelling to _____

Premium S\$ _____

(E) Premium Payment *(for and on behalf of Person 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

This credit card ☐ belongs to the Insured ☐ belongs to someone other than the Insured

Please state relationship to Insured _____

Signature of Cardholder

Date

(F) 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.

(G) Declaration

I understand that Section 52 – Pre-Ex Critical Care of TravelEasy Pre-Ex Policy **does not cover**:

- any pre-existing medical condition that worsens within the 30 days before the start of the trip for which a doctor has advised to see a medical specialist, undergo investigative test, surgery, or change in treatment, prescribed medication or dosage. This does not include changes to prescribed medication or dosage for lowering blood cholesterol;
- an insured person unless they suffer an acute onset of a pre-existing medical condition during a trip outside Singapore as described in the Policy;
- terminal illness regardless whether diagnosis was received before or after this insurance was purchased;
- outpatient medical treatment;
- medical expenses incurred in Singapore.

I am aware that if the person to be insured does not meet the above condition 1 or 3, I can request to cancel the policy before the start of the period of insurance and get a full refund provided no claims have been made under the policy.

I want to effect the insurance specified and agree/declare for myself or on behalf of the person to be insured that:

- I am aware that TravelEasy Pre-Ex Policy **does not cover** Human Immunodeficiency Virus (HIV) and its related conditions, sexually transmitted diseases, pregnancy and its related conditions and mental illness.
- the person to be insured is not travelling against the advice of any doctor or for the purpose of obtaining medical treatment.
- the round trip to be insured under this Policy starts and ends in Singapore.
- the person to be insured has not already left Singapore on any trip meant to be covered by this insurance and I am aware that an insured person is not covered for the entire trip if they leave Singapore before the start of the period of insurance.
- the person to be insured has not been refused cover or imposed special terms for travel insurance by any insurer.
- the person to be insured and I are not aware of any circumstances which are likely to lead to a claim under the policy.
- any child to be insured under the age of 12 years must be accompanied by a parent or adult guardian during the trip.
- the country of residence for the person to be insured is Singapore.
- the information given and answers to questions in this Application are true and correct to the best of my knowledge and I have not withheld any facts likely to influence MSIG's assessment of this Application.
- I accept the terms, conditions, and exclusions contained in the Policy and that this Application, Declaration and any other information provided shall form the basis of the contract.
- 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 Person to be Insured)

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.