

APPLICATION FORM

IMPORTANT NOTE: NOTICE TO THE APPLICANT

STATEMENT PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (OR ANY SUBSEQUENT AMENDMENTS THEREOF) - YOU ARE TO DISCLOSE IN THIS APPLICATION FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW IN RESPECT OF THE RISK PROPOSED, OTHERWISE THE POLICY ISSUED HEREAFTER MAY BE VOID.

Name of Company	
UEN	
Address	
Telephone No.	
Email Address	
Contact Person	
Nature of Business	
Policy Period	

NAMED BASIS (Please fill in the information below. Attach a separate schedule if there is insufficient space.)

No.	Name of Employee (as in NRIC/Passport Underline Surname)	Gender	NRIC No./ Passport No.	Date of Birth	City & Country of Residence	Nationality	Classic/ Elite	Plan No.	Regional/ International	Business/ Personal	Premium (SGD)
1											
2											
3											
4											
5											
Grand Total											

HEADCOUNT BASIS (Please fill in the information below. Minimum of 5 headcount per policy)

No.	Number of Headcount	*City & Country of Residence	*Nationality	Classic/ Elite	Plan No.	Regional/ International	Premium (SGD)
1							
2							
3							
Grand Total							

* Please attach a separate schedule with the names and personal details of the frequent travellers if the nationality and country of residence is not Singapore.

CLAIMS HISTORY (Please tick accordingly)

- I / We declare that no claims were made in the last 3 years.
- I / We declare that claims were made in the last 3 years. (Please provide claims details on a separate schedule).

DECLARATIONS

- I / We agree that this application form, information and declaration will form the basis of the contract of insurance and is subject to all terms and conditions in the travel policy.
- I / We are aware of and agree to abide by the policy terms, conditions and exclusions.
- I / We declare that I / we understand the above statement and the information provided is true to the best of my / our knowledge.
- I / We are aware that no insurance is in force until this application is accepted by Singapore Life Ltd.
- I / We are not travelling contrary to the advice of a Doctor, or for the purpose of obtaining medical treatment.
- I / We declare that I / we have read, understood and have obtained the appropriate consent from the insured persons whose personal data are being disclosed for the purposes stated in Singapore Life Ltd.'s Personal Data Protection Compliance Undertakings (By Corporate Prospect/Policyholder).**

** You may view the full content of the Personal Data Protection Notice at singlife.com/pdpa and the Personal Data Protection Compliance Undertakings (By Corporate Prospect/Policyholder) at singlife.com/business/pdpa. Singapore Life Ltd.'s Data Protection Notice and Personal Data Protection Compliance Undertakings (By Corporate Prospect/Policyholder) may be updated from time to time without notice. Please do visit our website regularly to ensure that you are well informed of the updates.

Date (DD / MM / YYYY) □□ / □□ / □□□□	Company Stamp: □□□□□□□□	Name & Signature of Signatory: □□□□□□□□
Representative's code & name	Contact number (Office and Mobile)	
Name of firm	Email Address	