

SME PA Application Form

(Please complete form filling by clicking and typing in the fields)

Important Notice Statement Pursuant to Section 25 (5) of the Insurance Act, you are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void. The liability of Sompo does not commence until this application is accepted and the premium being paid and received in full by the Company within the period specified in the Premium Payment Warranty applied to the policy, failing which there will be no liability under this cover.					
Intermediary's Name/Code:			Producer Code:		
Applicant's Particulars					
Company Name:			UEN:		
Correspondence Address:			Nature of Business:		
Email:			Total Employees:		
Coverage Details					
Period of Insurance: From <u>DD/MM/YYYY</u> for 12 months					
Employees to be insured					
Occupation <small>(e.g. Director (Admin), Photographer, Electrician)</small>	Number of Employees	Plan Type	Outdoor Work (%)	Working with tools/machinery?	Working in construction site(s)?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are any additional information or remarks, please indicate below:					
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>					

Note: Minimum policy premium of \$327.00 (inclusive of GST) applies.

Declarations

We declare that:

1. we have not been declined, cancelled, refused renewal or accepted on special terms for any personal accident insurance policy by any insurance company;
2. persons to be insured are residing in Singapore;
3. we will give notice to Sompo Insurance Singapore Pte. Ltd. ("Sompo") of any change in our nature of business or any person to be insured's occupation or country of residence;
4. persons to be insured are not engaged in occupations or work scope of hazardous nature or using dangerous or heavy machinery or tools;
5. we have given the information in this application form that is true, accurate and complete and they shall be the basis of the contract with Sompo.

We acknowledge and agree (in case of corporate policy, we represent that we have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

Name / designation of Authorised Representative: _____

Signature of Authorised Representative and Company Stamp

Date

Payment Instructions

Please charge S\$ _____ (including GST) to my Visa MasterCard

Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

Cardholder Name: _____ Expiry Date: _____ MM / YYYY

Credit Card No: - - -

Signature of Cardholder

Date

I/We enclosed a cheque number _____ for S\$ _____ (including GST) payable to

Sompo Insurance Singapore Pte. Ltd.