

PASTAR APPLICATION FORM

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.

Intermediary Firm / Code _____ Producer Code: _____

MAIN APPLICANT'S PARTICULARS

Name :		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /
Occupation:		Marital Status :
Address:		Mobile No.:
Email :		

PERIOD OF INSURANCE

From _____ to _____ (FOR 12 MONTHS)

PLAN TYPE (please tick accordingly)

Insured :	<input type="checkbox"/> DELUXE <input type="checkbox"/> ELITE <input type="checkbox"/> ELITE 2 <input type="checkbox"/> ELITE 6	Class : 1 / 2 / 3	Premium: _____
Spouse :	<input type="checkbox"/> DELUXE <input type="checkbox"/> ELITE <input type="checkbox"/> ELITE 2 <input type="checkbox"/> ELITE 6	Class : 1 / 2 / 3	Premium: _____
Child:	25% of parent's Sum Insured based on the lower of parent's selected plan. Where Elite2 and Elite6 plans are selected, benefits per child will be computed based on Elite Plan.		Premium: _____ [No. of Child(ren) _____ x \$ per Child _____]

PARTICULARS OF PERSON (S) TO BE INSURED & COVERAGE SELECTION

Spouse's Name :		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /
Occupation :		
Child's Name :		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /
Child's Name :		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /
Child's Name :		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /
Parent's Name		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /
Parent's Name		Gender : M / F
NRIC / Fin No. :	Nationality :	Date of Birth : / /

* Please provide details on the nature /scope of work for general descriptions, e.g. civil servant, self-employed, etc. to determine the classifications of occupation.

OTHER DETAILS OF INSURED (please tick accordingly)

No.	Question	Insured		Spouse		Child(ren)		Parent(s)	
		Yes	No	Yes	No	Yes	No	Yes	No
1.	Do you suffer from any disease, physical defect, infirmity or illness?	Yes	No	Yes	No	Yes	No	Yes	No
	If yes, please provide details:								
2.	Has any insurance company declined, cancelled, refused renewal or accepted special terms for any personal accident insurance policy which the insured has or applies?	Yes	No	Yes	No	Yes	No	Yes	No
	If yes, please provide details:								
3.	Do you have any other personal accident insurance with Sompo or other insurance companies?	Yes	No	Yes	No	Yes	No	Yes	No
	If yes, please state which company or companies and the sum insured:								

OPTIONAL COVERS (S\$) (Inclusive of GST) (please tick accordingly)

<input type="checkbox"/> ID BOOSTER	<input type="checkbox"/> Insured Premium: _____	<input type="checkbox"/> Spouse Premium: _____
	<input type="checkbox"/> Child(ren) (if only one parent is covered) Premium: _____ No. of Child(ren) _____ x \$ per Child _____	
<input type="checkbox"/> EDUCATION FUND (per unit of S\$25,000) Maximum number of units up to the number of children insured	_____ x \$26.75 of children insured (No. of unit)	Premium: _____
<input type="checkbox"/> PARENT'S COVER	_____ x \$32.10 (No. of parent)	

PAYMENT INSTRUCTION (please tick accordingly)
 I ENCLOSED A CHEQUE NO. _____ FOR S\$ _____ (including GST)
 PAYABLE TO SOMPO INSURANCE SINGAPORE PTE LTD

 PLEASE CHARGE S\$ _____ (Including GST) TO MY VISA/ MASTERCARD **(Delete as appropriate)*
 Where a third party credit card is used, I/We declare that the cardholder has authorized and consented to such use

Cardholder Name :		Expiry Date			-		
Credit Card No.:					-		

 Signature of Cardholder

 Date

**Ask about auto-renewal
 with GIRO payment and
 0% Interest Free
 Instalment Payment plan!**

MARKETING CONSENT

I would like Sompo to send me marketing updates and/or information about your products, promotions and services via:

- Postal Mail
- Email
- Voice Calls
- Text Messages (e.g. SMS)

I am aware that this supersedes any other marketing consent which I may have previously provided to Sompo. I am aware that it may take up to 30 days for Sompo to update my marketing consent. I understand that I may change or withdraw my marketing consent subsequent to this product application. I confirm that I am the user and/or subscriber of the telephone number which was provided to Sompo.

DECLARATION

I, and on behalf of the persons to be insured, warrant and declare that I/we:

1. am/are not undischarged bankrupt(s); and
2. am/are residing in Singapore; and
3. understand that pre-existing conditions are not covered; and
4. do not participate in any hazardous hobbies or activities; and
5. will give notice to Sompo Insurance Singapore Pte. Ltd. ("Sompo") of any change in health, occupation, activities or country of residence; and
6. am/are aware and understand that in respect to the coverage for insured child, it will only commence when insured child has reached 1 month of age; and
7. 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.

I, and on behalf of the persons to be insured, agree to abide by the Policy terms, conditions and exclusions.

I/We am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/our financial needs and insurance objectives before this application is submitted.

I, and on behalf of the persons to be insured, acknowledge and agree (in case of corporate policy, I represent that I 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.

SIGNATURE OF APPLICANT on behalf of person(s) to be insured

Date