

Intermediary's Name & Code

Important Notice

- Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Application Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

APPLICANT'S PARTICULARS

NAME:

ADDRESS:

NRIC / PASSPORT NO.:

NATIONALITY:

TEL NO.:

(HP)

(H)

(O)

EMAIL:

MARITAL STATUS:

PERIOD OF INSURANCE

From _____ to _____

PARTICULARS OF PERSON(S) TO BE INSURED & BENEFITS SUM INSURED

(1) NAME:	SEX:	M/F	CLASS	1/2/3
DATE OF BIRTH:	NRIC/FIN:	OCCUPATION:		
BASIC WEEKLY SALARY: S\$	RELATIONSHIP TO APPLICANTS: SELF / SPOUSE / CHILD*			
BENEFITS		SUM INSURED		
A. ACCIDENTAL DEATH				S\$
B. PERMANENT DISABLEMENT (Scale 2)				S\$
C. WEEKLY INCOME DUE TO TEMPORARY TOTAL DISBLEMENT				S\$
D. MEDICAL EXPENSES				S\$

(2) NAME:	SEX:	M/F	CLASS	1/2/3
DATE OF BIRTH:	NRIC/FIN:	OCCUPATION:		
BASIC WEEKLY SALARY: S\$	RELATIONSHIP TO APPLICANTS: SELF / SPOUSE / CHILD*			
BENEFITS		SUM INSURED		
A. ACCIDENTAL DEATH				S\$
B. PERMANENT DISABLEMENT (Scale 2)				S\$
C. WEEKLY INCOME DUE TO TEMPORARY TOTAL DISBLEMENT				S\$
D. MEDICAL EXPENSES				S\$

* Delete as appropriate

PREMIUM COMPUTATION (inclusive of GST)

Total Premium Payable (Minimum Premium Per Policy is S\$53.50) S\$ _____

* Occupation - 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.

Notes:

- Maximum sum insured for Accidental Death (please refer to our office where amount exceed limits below)
 - Class 1 S\$500,000
 - Class 2 S\$300,000
 - Class 3 S\$100,000
 - Retiree / Housewife / Full-time student above 21 years old S\$200,000
 - Persons age 16 to 21 years old S\$50,000
- Sum insured for Permanent Disablement should not exceed that of AD.
- TTD and TPD are only available for persons who are gainfully employed. Maximum sum insured for TTD is S\$2,000 per week or up to 80% of the insured person's basic weekly salary or 1% of AD or PD benefit, whichever is lesser.
- Maximum sum insured for Medical Expenses is S\$10,000 or 5% of AD or PD, whichever is lesser.
- For policies issued under corporate / company name to cover a group of individuals or family units, the compensation payable in respect of death or disablement of the Insured Persons travelling in the same conveyance at the same time shall be further subjected to a conveyance limit.

DECLARATION

I/We declare that I/We

- am/are in good health and free from physical impairment and am/are residing in Singapore.
- do not participate in any hazardous hobbies or activities.
- have neither made any claims against any insurer for bodily injury nor had any life or accident insurance applications / policies that are declined, cancelled, refused renewal or imposed with special terms.
- will give notice to Sompso Insurance Singapore Pte. Ltd. of any change in health, occupation, activities or country of residence.
- understand and agree that benefits under this policy will only be payable upon an accident occurring.
- understand the Notes highlighted in the brochure and am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/or financial needs and insurance objectives before this application is submitted.
- confirm that the information given in this application is true and complete and shall be the basis of contract between me/us and Sompso Insurance Singapore Pte. Ltd.
- am/are not undischarged bankrupt(s).
- 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 Sompso may collect, use, disclose and/or process my 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 Sompso'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 Sompso's business partners, intermediaries, third party service providers and industry associations. Sompso's Privacy Policy can be found at sompso.com.sg
- consent to receive marketing and promotional information from Sompso (e.g. via email, mail, SMS, etc.). I understand that I can withdraw or manage my consent to receive marketing and promotional information at sompso.com.sg
- aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

I/We further declare details relating to Item no.(s) _____ ; _____

 PLEASE CHARGE S\$ _____ TO MY VISA / MASTERCARD* (*Delete As Appropriate)

Where a third party credit card is used, I/We declare that cardholder has authorized and consented to such use

CARD NO.: _____

EXPIRY DATE: _____

 I ENCLOSE A CHEQUE FOR S\$ _____ PAYABLE TO
SOMPO INSURANCE SINGAPORE PTE. LTD.

BANK / CHEQUE NO.: _____

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

DATE

FOR OFFICIAL USE

We confirm acceptance of this application in accordance to our policy terms, conditions and exceptions, effective _____

Name & Signature of Approving Officer / Date

