

# COMPLIMENTARY TRAVEL INSURANCE



SECTION	KEY BENEFITS	MAXIMUM AMOUNT PAYABLE
1a.	<b>Accidental Death</b> <b>Accidental Permanent Disablement</b> <b>Accidental Burn Benefit</b>	<b>S\$50,000</b>
1b.	<b>Accidental Death and Permanent Disability due to War</b>	
2.	<b>Delayed Departure</b>	<b>S\$400</b> S\$100 for each consecutive 6-hour delay
3.	<b>Delayed Baggage</b>	<b>S\$400</b> S\$100 for each consecutive 6-hour delay both overseas and S\$100 after 6-hours of delay when arriving in Singapore
4.	<b>Diversion of Journey</b>	<b>S\$400</b> S\$100 for each consecutive 6-hour delay
5.	<b>Missed Departure or Connection</b>	<b>S\$400</b> S\$100 for each consecutive 6-hour delay
<b>FREE POLICY EXTENSIONS:</b>		
a) Disappearance b) Drowning or suffocation by smoke, poisonous fumes or gas c) Motorcycling		<b>Yes</b>

# 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.

**SECTION A: APPLICANT DETAILS**

Full Name as per NRIC (please underline last name)

NRIC / FIN Number

Mobile Number

Email Address

**SECTION B: PERSONAL DECLARATION**

I hereby warrant and declare that:

1. The information I have provided in this application is true, correct and complete and shall form the basis of the insurance contract. I understand that under section 23(5) of the Insurance Act, if I withhold any information which I know or ought to know, my claim may not be payable.
2. I am at least 16 years old at the time of application.
3. I hold a valid NRIC(s) or FIN(s).
4. I have never previously been refused to buy or renew travel insurance or had my travel insurance cancelled or voided.
5. I understand that this policy does not cover any loss, damage or liability arising from circumstances known to you or in the public domain (including but not limited to events or natural disasters such as earthquakes, volcanic eruptions, riots and Covid-19) at the time of issue of this policy.
6. I understand that the policy does not cover any loss, damage or liability directly or indirectly caused or arising as a result of any pre-existing medical condition.
7. I am not travelling contrary to the advice of a qualified medical practitioner or for the purpose of obtaining medical treatment.
8. I have received, read and understood the summary of insurance coverage relating to this insurance. I am aware of and agree to abide by the Policy terms, conditions and exclusions.
9. I understand that the insurance coverage is for 1 year and will commence 14 calendar days from the date this application is signed.
10. I understand that I am entitled to a maximum of 1 complimentary policy of same product nature only and will not be covered under additional complimentary policies beyond that. e.g. You may receive up to 1 complimentary Travel policy, but not more than 1 complimentary Travel policy.
11. I acknowledge that Singapore Life Ltd. will not be legally responsible for any claims until Singapore Life Ltd. has accepted this application.

## APPLICATION FORM

## SECTION C: PERSONAL DATA CONSENT

I consent to Singapore Life Ltd ("Singlife") collecting, using and/or disclosing my personal data (whether contained in this form or obtained from other source; existing data in Singlife's record or to be collected in future) for the following purposes:

- To issue and administer my existing and/or new policy(ies) and/or accounts with Singlife, and such other purposes ancillary or related to the administering of the policy(ies) and/or accounts, including the processing of my personal data for underwriting purposes, payment of premiums and/or claims purposes;
- To provide general information on product enhancements and services relevant to my needs or policy(ies) as well as to provide financial advice and product recommendations to me, where applicable;
- For statistical, research, compliance, audit and regulatory purposes; and
- To provide me with information about Singlife's and Singlife related group of companies' products and services (including marketing offers and promotions) via mail, phone, email and messages on any messaging platform (including SMS).

I also consent to Singlife disclosing and/or transferring my personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Singlife's Data Protection Notice.

I confirm that I have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me upon posting and/or where I continue to use the relevant products and services offered by Singlife to which such terms relate to.

## SECTION D: APPLICANT SIGNATORY

Signature:

 /  / 

Date (DD / MM / YYYY)

## OFFICIAL USE ONLY

Financial Adviser Representative (FAR)

FAR Code

Firm Name

Cover Start Date

Cover End Date