

MARSH TRAVELSECURE PROPOSAL FORM

Pursuant to Section 25 (5) of the Insurance Act (Cap 142), you are to disclose in the proposal form, fully and faithfully all the facts, which you know or ought to know; otherwise the policy issued hereunder may be void.

Please tick accordingly.

TYPE OF COVER

Individual Single Trip Annual
Family (No. of Children) Single Trip Annual
Choice of Plans Plan 1 Plan 2 Plan 3

TRAVEL REGION

ASEAN Asia Pacific Worldwide

Country(ies) you are travelling to:

PERIOD OF INSURANCE

Policy Start Date: Policy End Date:

Duration: Days (Inclusive of start and end dates)

PREMIUM PAYABLE

\$ (No GST required)

POLICYHOLDER'S PERSONAL PARTICULARS

Name as in NRIC/ Passport:

Gender: Male Female

NRIC/ Passport No:

Nationality:

Date of Birth (DD/MM/YYYY):

Marital Status:

Correspondence Address:

Tel (H):

Tel (O):

Mobile:

Fax:

Email:

Occupation/ Type of Business:

INSURED TRAVEL PARTNER'S PARTICULARS

(Applicable to family coverage only)

Name as in NRIC/ Passport:

Relationship:

Gender: Male Female

NRIC/ Passport No:

Nationality:

Date of Birth (DD/MM/YYYY):

DECLARATION

I/ We declare to the best of my/ our knowledge and belief that:

- all the answers given in this Proposal are true;
- all material information affecting the assessment of the risk have been disclosed;
- all persons proposed are residents of Singapore
- all persons proposed are in good health, free from any physical defect or infirmity, are not receiving medical treatment of any kind and are not suffering nor have suffered from a recurring illness.

DECLARATION

I/ We agree that this Proposal and Declaration shall be deemed incorporated in such contract, subject to the Terms and Conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Allied World Assurance Company, Ltd (Singapore Branch).

I/ We further declare that I/ we are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment.

If this Proposal has not been completed by me personally, I declare also that I have read the completed form and accept full responsibility for the answers.

I consent to Allied World Assurance Company, Ltd (Singapore Branch) collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at www.alliedworldinsurance.com/Singapore including disclosing my personal data to Allied World Singapore's third party service providers and transferring personal data outside of Singapore.

I consent to Allied World sending me marketing, promotional or other messages via telephone:

Voice call Text message

Please note if you decide you no longer wish to receive offers from us via telephone and/ or text message, you can opt out at any time by submitting a request via our website at www.alliedworldinsurance.com/Singapore. For further information, please contact our Data Protection Officer via sg.customerservice@awac.com or on (65) 6423 0888.

Name of Signatory

Designation

Signature of Proposer

Date

PAYMENT INSTRUCTION

(Important Notice: Under the GIA Premium Payment Framework – receipt of payment is required before the inception of the Policy.)

 BY CREDIT CARD

Please charge S\$ to my **Visa/ MasterCard**

Card No.:

CVV2 No. (last 3 digits behind Credit Card on the signature panel):

Name of Issuing Bank: Expiry Date:

(If the Proposer is not the Cardholder, the Cardholder has to fully complete and sign this portion of the form.)

Name of Cardholder: (If different from Insured)

Signature:

(As on your credit card)

 BY CHEQUE

I enclose my Cheque/ Bank No.

for S\$ crossed and made payable to

Allied World Assurance Company, Ltd.

I/ We agree to pay the premium and hereby authorise Allied World Assurance Company, Ltd (Singapore Branch) to charge the stated premium to the above credit card/ bank account. Where a third party credit card is used, I/ we declare that the Cardholder has authorised and consented to its use. I/ We understand and agree that in the event of refund from the Company, payment will be made to the Insured/ Policyholder stated in the Policy.

INTERMEDIARY NAME/ CODE