

Personal Accident Insurance - Proposal Form

Proposer				
Name		Are you also the insured?		NRIC/FIN
Mailing Address				Postal Code
Date of Birth	Gender	Race	Marital Status	Nationality
Contact No.		Email		Occupation

Note: Please use "dd/mm/yyyy" format for all DATE fields.

Additional Insured					
Name	Gender	Date of Birth	NRIC/FIN	Occupation	Relationship

Insurance Details		
Period of Insurance From: _____ To: _____	Required Sum Insured (Adult)	Selected Plan

Proposer's Signature

Date

Important Notice: Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142) -
 You are to disclose in this form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued may be void.

The insurance will not be in force until the application and premium have been received and accepted by the company.

Please note that by submitting this form, you are deemed to have given us the consent to collect, use and disclose the information for the purpose of obtaining the quotation; issuance of policy; and also to contact you via (phone/fax/text/email) on matters related to your PA insurance.

Please email form to: Lyongohsh@gmail.com