

Elite Guard Series

Enrolment Form



SG001

CHUBB®

Important Note to the Applicant

Pursuant to Section 25(5) of the Insurance Act Chapter 142, you are to disclose in this enrolment form, fully and faithfully, all the facts you know or ought to know, otherwise the policy issued hereunder may be void and you may receive nothing from it.

We have only provided you with product information. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. Please take note that replacing an existing plan with a new one may not add value to one's insurance portfolio because:

- i) you may not be insurable at standard terms
- ii) you may have to pay a different premium
- iii) terms and conditions may differ

Please submit your enrolment form to the HR Office at Inflight Catering Centre 1.

For Official Use Only

Company Name _____

Seller ID _____ Enrolment Date DD / MM / YYYY

FA / Broker / Sponsor Firm (when applicable) _____

FA / Broker / Sponsor Name _____ FA / Broker / Sponsor ID _____

NOTE: PLEASE FILL IN THIS FORM USING BLOCK LETTERS.

*Delete where appropriate

Section A: Particulars of Main Insured

Name of Main Insured (As in Birth Cert. / NRIC and underline surname / last name)

Block No. _____ Unit No. _____ Street Name _____

Building / Estate Name _____ Postal Code _____

Salutation Mr / Ms / Mrs / Mdm / Dr * Gender Male / Female * Date of Birth DD / MM / YYYY

NRIC / Passport No. _____ Marital Status _____

Tel No. (Mobile) _____ Nationality _____

Tel No. (Residence) _____ Job Industry _____

Tel No. (Office) _____ Occupation _____

Email _____

Section B: Particulars of Partner

Name of Partner (As in Birth Cert. / NRIC and underline surname / last name)

Address (if different from Main Insured)

Block No. _____ Unit No. _____ Street Name _____

Building / Estate Name _____ Postal Code _____

Salutation Mr / Ms / Mrs / Mdm / Dr * Gender Male / Female * Date of Birth DD / MM / YYYY

NRIC / Passport No. _____ Marital Status _____

Tel No. (Mobile) _____ Nationality _____

Tel No. (Residence) _____ Job Industry _____

Tel No. (Office) _____ Occupation _____

Email _____

Section C: Particulars of Children

1. Name (As in Birth Cert. / NRIC and underline surname / last name)

Birth Cert. / NRIC No. _____ Gender Male / Female *

Date of Birth DD / MM / YYYY

2. Name (As in Birth Cert. / NRIC and underline surname / last name)

Birth Cert. / NRIC No. _____ Gender Male / Female *

Date of Birth DD / MM / YYYY

3. Name (As in Birth Cert. / NRIC and underline surname / last name)

Birth Cert. / NRIC No. _____ Gender Male / Female *

Date of Birth DD / MM / YYYY

4. Name (As in Birth Cert. / NRIC and underline surname / last name)

Birth Cert. / NRIC No. _____ Gender Male / Female *

Date of Birth DD / MM / YYYY

Section D: Particulars of Parents

Name of Father (As in Birth Cert. / NRIC and underline surname / last name)

Address (if different from Main Insured)

Block No. _____ Unit No. _____ Street Name _____

Building / Estate Name _____ Postal Code _____

Salutation Mr / Dr * Date of Birth DD / MM / YYYY

NRIC / Passport No. _____ Marital Status _____

Tel No. (Mobile) _____ Nationality _____

Tel No. (Residence) _____ Job Industry _____

Tel No. (Office) _____ Occupation _____

Name of Mother (As in Birth Cert. / NRIC and underline surname / last name)

Address (if different from Main Insured)

Block No. _____ Unit No. _____ Street Name _____

Building / Estate Name _____ Postal Code _____

Salutation Ms / Mrs / Mdm / Dr * Date of Birth DD / MM / YYYY

NRIC / Passport No. _____ Marital Status _____

Tel No. (Mobile) _____ Nationality _____

Tel No. (Residence) _____ Job Industry _____

Tel No. (Office) _____ Occupation _____

Section E: Particulars of Parents-In-Law

Name of Father-In-Law (As in Birth Cert. / NRIC and underline surname / last name)

Address (if different from Main Insured)

Block No. _____ Unit No. _____ Street Name _____

Building / Estate Name _____ Postal Code _____

Salutation Mr / Dr * Date of Birth DD / MM / YYYY

NRIC / Passport No. _____ Marital Status _____

Tel No. (Mobile) _____ Nationality _____

Tel No. (Residence) _____ Job Industry _____

Tel No. (Office) _____ Occupation _____

Name of Mother-In-Law (As in Birth Cert. / NRIC and underline surname / last name)

Address (if different from Main Insured)

Block No. _____ Unit No. _____ Street Name _____

Building / Estate Name _____ Postal Code _____

Salutation Ms / Mrs / Mdm / Dr * Date of Birth DD / MM / YYYY

NRIC / Passport No. _____ Marital Status _____

Tel No. (Mobile) _____ Nationality _____

Tel No. (Residence) _____ Job Industry _____

Tel No. (Office) _____ Occupation _____

Section F: Enrolment

YES! I would like to enrol for:

Elite Hospital Income Guard

Campaign: SG _____ / _____	Premium S\$ _____ (Inclusive of 7% GST)
Level of Cover	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4
Insured Person(s)	<input type="checkbox"/> Myself Only <input type="checkbox"/> Myself and Partner Only <input type="checkbox"/> Myself and Children <input type="checkbox"/> Myself and Family <input type="checkbox"/> Child above 18 years <input type="checkbox"/> _____

Elite Critical Illness Guard

Campaign: SG _____ / _____	Premium S\$ _____ (Inclusive of 7% GST)
Level of Cover	<input type="checkbox"/> Deluxe <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> Myself Only <input type="checkbox"/> Child above 18 years <input type="checkbox"/> Partner Only <input type="checkbox"/> _____

Elite Personal Accident Guard

Campaign: SG _____ / _____	Premium S\$ _____ (Inclusive of 7% GST)
Level of Cover	<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> Myself Only <input type="checkbox"/> Myself & Children <input type="checkbox"/> Partner Only <input type="checkbox"/> _____ <input type="checkbox"/> Myself & Partner

Elite Senior Guard

Campaign: SG _____ / _____	Premium S\$ _____ (Inclusive of 7% GST)
Level of Cover	<input type="checkbox"/> Deluxe <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents <input type="checkbox"/> Myself Only <input type="checkbox"/> Partner Only <input type="checkbox"/> Myself & Partner <input type="checkbox"/> One Parent-In-Law <input type="checkbox"/> Both Parents-In-Law

Elite Junior Guard

Campaign: SG _____ / _____	Premium S\$ _____ (Inclusive of 7% GST)
Level of Cover	<input type="checkbox"/> Deluxe <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> All Children Listed

Please complete the following declaration for enrolment of **Elite Critical Illness Guard** only (acceptance is subject to underwriting)

		Name:	Name:	Name:
1.	Have you / the child ever had a) cancer (including skin cancer, ulcerated moles or chronic lesions), leukemia or Hodgkin's disease; b) heart disease, stroke, elevated blood pressure, chest pain or other cardiovascular disease; c) chronic pneumonia, enlarged lymph nodes, immune system disorder or AIDS; d) any condition affecting the kidneys, diabetes, nervous system or liver; e) any other condition for which you / the child have been tested, treated or told to get treatment, and / or to change or curtail the child's usual activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has your / the child's mother or father or any of your / the child's brothers or sisters ever suffered or died from heart disease, cancer, kidney, disease or stroke before the age of 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you / the child have any other Critical Illness policies with Chubb?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the answer above is "Yes", please provide full particulars below, noting the question number and indicate the child's height and weight.

Weight _____ Height _____

Details

Section G: Payment Details

Mode of payment:

Visa Mastercard GIRO

Frequency of payment:

Annually Monthly

Credit Card No. _____ - _____ - _____ - _____

Expiry MM / YYYY

Remarks: First month free cover / _____

Section H: Declaration

I, the Policyholder / Main Insured named herein warrant the truth and accuracy of the statements below in relation to myself and my family members / partner named herein and hereby declare that I / we:

- 1) am / are Singapore Citizens, Permanent Residents or holders of Work Permit, Employment Pass, Dependent's Pass or S Pass;
- 2) have provided a Singapore address in the application and am / are in Singapore at the time of Application;
- 3) agree that this policy may be classified as a Singapore Policy for accounting purposes;
- 4) understand and agree that no insurance is in force until the Application is accepted by Chubb and a Policy is Issued pursuant thereon;
- 5) am / are aware of and agree to abide by the Policy's term, conditions and exclusions;
- 6) am / are aware that any pre-existing medical condition(s) that I / we suffer from is not covered under this policy;
- 7) understand and agree that if the loss falls under an exclusion, the policy will not cover it. I / We have also been advised to read all the exclusion clauses in the Policy Wording so that I / we am / are fully aware of the extent of my / our insurance cover;
- 8) understand that waiting periods do apply with respect to some of the insurance cover;
- 9) agree and authorise any medical source (including hospitals and clinics), insurance company or any other organisation to release to Chubb at any time any information concerning the Insured(s) if required;

- 10) understand and agree that where a third party credit card is used, I / we declare that the cardholder has authorised and consented to its use;
- 11) understand that policy will be automatically renewed unless notice of cancellation is given in accordance with the policy; and
- 12) have provided complete, true and accurate information on the enrolment form and that no material Information has been withheld. I / We also agree that the information forms part of the contract between Chubb and the insured person(s) and am / are aware that Chubb relies and acts on the information provided to issue a policy.
- 13) I have deemed to give consent and authorisation to Chubb to collect, use, disclose, and / or process my personal data or information supplied to Chubb without further notification to me, confidentially with its affiliated companies, third party service providers, business partners and / or other parties which may be sited outside of Singapore, for administering policies taken out with Chubb, customer services and to allow Chubb and / or its business partners to perform marketing and related activities, until Chubb receives my written instruction to the contrary. Upon my written request, Chubb shall, without charge, cease to use my personal information for purposes other than those directly related to this Policy. A copy of the Chubb's Personal Data Protection Policy can be found at www.chubb.com/sg-privacy and I am deemed to have read the same.
- 14) I will write to Chubb's Data Protection Officer at 138 Market Street # 11-01 CapitaGreen, Singapore 048946 for any request to withdraw my consent, access to and / or correction of any information

supplied to Chubb and Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

Signature of Proposed Insured or Authorised Signatory

Date

This Policy is protected under the Policy Owner's Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your Policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the following websites:

- General Insurance Association of Singapore, http://www.gia.org.sg or
- Life Insurance Association of Singapore, http://www.lia.org.sg or
- SDIC, http://www.sdic.org.sg

Contact Us

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Singapore 048946
O +65 6398 8000
F +65 6298 1055
www.chubb.com/sg

For Official Use Only:

Source List (If Applicable): _____ SICC No.: _____

Remarks: _____

1st Check

Total Number of Policies _____ Total Annual Premium S\$ _____ (Inclusive of 7% GST)

Total Annual Premium After Discount S\$ _____ (Inclusive of 7% GST and Discount)

Is this form complete? Yes No Date Completed DD / MM / YYYY

2nd Check (If form is incomplete after 1st check)

Is this form complete? Yes No Date Completed DD / MM / YYYY

Chubb. Insured.™