

Group Business Travel

Proposal Form



Important Notes

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

*Delete where applicable.

General Information

Name of Company _____

Address _____

Postal Code _____

Tel No. _____ Fax No. _____

Company's Contact Person _____

Contact Person Email Address _____

Nature of Business _____

Description of work nature/job scope of employees while on business trip _____

Period of Insurance: One Year from DD/MM/YYYY

Basis of Cover (Please select one):

Customised plan for your client (Please provide us with the Schedule of Benefits)

Preset plan (For the types of plan available, kindly refer to the Group Business Travel factsheet)

S/N	Category	Plan Type			No. of Travellers To Be Insured
		1	2	3	
1)					
2)					
3)					
4)					
5)					

Territorial Limits/Geographical Areas*: Regional/International

Total number of travellers to be covered:

(i) Frequent travellers (more than 3 trips per year) _____

(ii) Infrequent travellers (less than 3 trips per year) _____

(Note: Where only trip frequency and duration are available, kindly complete Travel Pattern Questionnaire)

***Territorial Limits/Geographical Areas:**

Regional: Australia, Bangladesh, Brunei, Cambodia, China, Hong Kong SAR, India, Indonesia, Japan, Korea, Laos, Macau SAR, Malaysia, Myanmar, New Zealand, Pakistan, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam

International: Worldwide (including Canada and United States of America)

For proposals with 5 headcount or less, policy will have to be on Named basis. Kindly fill in the listing below:

S/N	Name of Employee	NRIC No.	Date of Birth	Country of Residence	Designation	Regional/International	Include Leisure
1)							
2)							
3)							
4)							
5)							

Were there any claims made in the past 3 years? Yes No

If **Yes**, please provide details below:

Name of Employee	Claim No.	Date of Loss	Description of Loss Circumstance, Type and Extent of Injury	Amount Claimed

Payment Details

Cheque payment to: **Chubb Insurance Singapore Limited**

Cheque No. _____

Bank: _____

Declaration

We hereby authorise monthly payment to Chubb the premiums due in respect of this coverage until our further notice or the expiry of our Policy.

We have deemed to give consent and authorisation to Chubb to collect, use, disclose, and/or process our personal data or information supplied to Chubb without further notification to us, 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 our written instruction to the contrary. Upon our written request, Chubb shall, without charge, cease to use our 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 We have deemed to have read the same.

We will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request to withdraw our 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.

We hereby declare that We understand the above statement and the information provided is true to the best of our knowledge.

Contact Us

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www.chubb.com/sg

Signature of Authorised Representative

Company Stamp of Authorised Signatory

Date

Signature of Insurance Intermediary

On behalf of
Chubb Insurance Singapore Limited

Chubb. Insured.TM