

Choice of Plan

Enjoy up to 10% off all annual plans!

(Please CIRCLE the plan of your choice)

Plan Type		Plan 1	Plan 2	Plan 3	Plan 4
Monthly Payment Mode					
Individual [#]	18-30	\$28.83	\$21.55	\$13.72	\$8.05
	31-40	\$30.64	\$22.96	\$14.63	\$8.55
	41-50	\$39.84	\$30.13	\$19.23	\$11.13
	51-60	\$64.06	\$49.10	\$31.50	\$18.15
	61-65	\$100.95	\$77.90	\$49.95	\$28.48
Family [^]	18-30	\$57.45	\$42.89	\$23.73	\$15.88
	31-40	\$61.08	\$45.71	\$25.55	\$16.88
	41-50	\$79.46	\$60.06	\$34.74	\$22.04
	51-60	\$127.59	\$97.68	\$58.97	\$35.76
	61-65	\$201.38	\$155.26	\$95.86	\$56.44
Annual Payment Mode (Premiums stated are after discount)					
Individual [#]	18-30	\$311.37	\$232.71	\$148.16	\$86.86
	31-40	\$330.97	\$247.98	\$157.96	\$92.33
	41-50	\$430.26	\$325.46	\$207.60	\$120.18
	51-60	\$691.88	\$530.32	\$340.15	\$195.97
	61-65	\$1,090.34	\$841.27	\$539.38	\$307.67
Family [^]	18-30	\$620.42	\$463.12	\$256.29	\$171.44
	31-40	\$659.64	\$493.67	\$275.90	\$182.35
	41-50	\$858.18	\$648.62	\$375.17	\$238.04
	51-60	\$1,377.99	\$1,054.89	\$636.80	\$386.14
	61-65	\$2,174.90	\$1,676.76	\$1,035.27	\$609.56

Premiums stated are for per adult. ^ Premiums stated are for per family.
All premiums are inclusive of the prevailing 7% GST.

Payment Details

I hereby authorise the payment of the current premium and renewal premiums using:

☐ Credit Card (VISA / Mastercard*)

Cardholder's Name: _____

Credit Card Number: _____

Credit Card Expiry Date: (MM/YY) _____

Cardholder's Signature (as per Bank/Card specimen signature): _____

☐ GIRO (Please request for the GIRO enrolment form from your agent or financial advisor.)

Declaration

The Main Insured/Insured Person(s) named herein warrants the truth and accuracy of the statements below in relation to myself and all other Insured Person(s), hereby declare that I/we:

- am/are aware that I/we can seek advice from a qualified advisor before signing this enrolment form. Should I/we choose not to, I/we shall take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives;
- am/are a Citizen of Singapore, Singapore Permanent Resident or holder of a valid work permit, employment pass, dependent's pass, S Pass, or Long Term Visit Pass issued by the authorities in Singapore;
- acknowledge that the Main Insured is authorised to apply for this Policy for the Insured Person(s) named under this plan and to act on each of their behalves (this declaration is not applicable for individual plans);
- acknowledge that if this application is accepted, the contract of insurance will be subject to the terms, conditions and exclusions as set out in the Policy Wordings as issued or as otherwise specifically varied in writing by Chubb Insurance Singapore Limited (Chubb). Should any of the information provided be altered in any material way, I/we will give Chubb immediate written notice of the changes;
- am/are aware of and agree to abide by the Policy's terms, conditions and exclusions;
- agree that this Policy is classified as a Singapore Policy for accounting purposes;
- 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;
- have deemed to give consent and authorisation to Chubb to collect, use, disclose, and/or process my/our personal data or information supplied to Chubb without further notification to me/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 my/our written instruction to the contrary. Upon my/our written request, Chubb shall, without charge, cease to use my/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 <http://www.chubb.com/sg-privacy> and I am/we are deemed to have read the same; and
- will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request to withdraw my/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.

_____ Signature of Applicant		_____ Date
For Advisor's Use		
Name of Advisor: _____		
Name of Agency: _____		
For Official Use		
Seller ID: _____		Effective Date: _____
Campaign Code: _____		

Contact Us

Chubb Insurance Singapore Limited
Co. Regn No.: 199702449H
138 Market Street
#11-01 CapitaGreen
Singapore 048946
O +65 6299 0988
F +65 6298 1055
www.chubb.com/sg

About Chubb in Singapore

Chubb is the world's largest publicly traded property and casualty insurer. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides risk management and underwriting expertise for all major classes of general insurance, including Property & Casualty, Marine, Liability, Financial Lines and Group Personal Accident insurance. As one of the leading providers of Accident & Health insurance through direct marketing, the company partners with financial institutions and other companies to tailor individual policies for their clients and employees. In addition, it offers a suite of customised Personal & Specialty insurance solutions to meet the needs of consumers.

Over the years, Chubb in Singapore has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/sg

Chubb. Insured.SM

Chubb Hospital Income Assist Brochure. Singapore. Published 04/2016.
© 2016 Chubb. Coverages underwritten by one or more subsidiary companies. Not all coverages available in all jurisdictions. Chubb® and its respective logos, and Chubb. Insured.SM are protected trademarks of Chubb.

Chubb Hospital Income Assist™

Keep your financial worries at bay with a policy that offers up to \$100 per each day of your hospital stay.

With 4 plan types to choose from, Chubb Hospital Income Assist™ is designed to ease any additional expenses you and your family may incur in the event of a hospital confinement.

What’s more, receive up to 20% refund on your paid premiums if you have not made any claims in the last twelve (12) consecutive months.

Key Benefits

- Doubled Daily Intensive Care Unit (ICU) Hospital Income of up to \$200 per day
- Up to \$5,000 reimbursement on Prosthesis Allowance
- Free coverage for unlimited number of child(ren) under Family Plan

Benefits at a Glance

Coverage	Sum Insured (\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
Daily Hospital Income (up to 365 days, minimum 24 hours)	100 per day	75 per day	50 per day	25 per day
Double Daily ICU Hospital Income (For ICU, up to 60 days, minimum 24 hours)	200 per day	150 per day	100 per day	50 per day
Prosthesis Allowance+ (Annual Limit)	5,000	3,000	2,000	1,000
Post Hospitalisation Income (minimum hospital confinement of 5 days, up to 30 days)	100 per day	100 per day	50 per day	50 per day

Important Notes

- Sum Insured for Dependent(s) is 20% of Main Insured.
- Eligible for Main Insured and/or Partner between 18 and 60 years old; renewable up to 65 years old. Child must be between 6 months and 18 years old; renewable up to 25 years old if still studying full-time.
- + Prosthesis Allowance is payable on reimbursement basis for any amount that is not recoverable from any other sources.
- Pre-existing Medical Conditions will not be covered. Please refer to the Policy for the full list of exclusions, terms and conditions.
- Premiums stated are non-guaranteed and are inclusive of the prevailing 7% GST. The renewal premium will increase to the next age band based on Your age attained at last birthday. We reserve the right to amend the premium by giving You thirty (30) days’ written notice to Your address on file.
- Your Policy will be renewed automatically when you pay the premium on each Renewal Date.
- We may cancel Your Policy at the end of any Period of Insurance by giving You thirty (30) days’ written notice to Your address on file.
- We reserve the right to modify the terms and conditions of Your Policy within the Period of Insurance by giving You thirty (30) days’ written notice to Your address on file.
- This Policy is protected under the Policy Owners’ 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 Chubb 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>.



Enrolment Form

For DPC Use



SG016

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any subsequent amendments thereof: 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. No insurance shall be in force until this application has been accepted by and premium is paid in accordance to the Payment Before Cover Warranty (whichever applicable) to the company.

Please complete all fields in BLOCK letters.
* Delete where appropriate.

☒ Yes, I would like to sign up for Chubb Hospital Income Assist™.

Particulars of Main Insured

Full Name (As shown in NRIC/Passport):

NRIC: _____ Nationality: _____

Date of Birth: _____ (DD/MM/YYYY) Gender: M/ F *

Tel No. (Mobile): _____

Tel No. (Residential): _____

Mailing Address: _____

_____ Postal Code: _____

Email Address: _____

Occupation: _____

Job Industry: _____

Enrolment Form (2) : For Family Plan

Particulars of Partner

Full Name (as shown in NRIC/Passport):

NRIC: _____ Nationality: _____

Date of Birth: _____ (DD/MM/YYYY) Gender: M/ F *

Tel No. (Mobile): _____

Tel No. (Residential): _____

Mailing Address: _____

_____ Postal Code: _____

Email Address: _____

Occupation: _____

Job Industry: _____

Particulars of Child(ren)

1. Full Name (as shown in NRIC/Birth Certificate):

NRIC: _____ Gender: M/ F *

Date of Birth: _____ (DD/MM/YYYY)

2. Full Name (as shown in NRIC/Birth Certificate):

NRIC: _____ Gender: M/ F *

Date of Birth: _____ (DD/MM/YYYY)

3. Full Name (as shown in NRIC/Birth Certificate):

NRIC: _____ Gender: M/ F *

Date of Birth: _____ (DD/MM/YYYY)