

## Enrolment Form (2)

### Particulars of Main Insured

Full Name (as shown in NRIC/Passport):

\_\_\_\_\_

NRIC: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Number of Child(ren): \_\_\_\_\_

Tel No. (Mobile): \_\_\_\_\_ Tel No. (Residential): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Job Industry: \_\_\_\_\_

Annual Salary Range:

Below \$50,000  \$50,000 - \$99,999  Above \$100,000

Note: Particulars of Partner and Child(ren) are NOT required if buying for self.

### 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 (if different from Main Insured's):

\_\_\_\_\_

\_\_\_\_\_ 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) \_\_\_\_\_

## Enrolment Form (3)

### Particulars of Child(ren) (2)

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

\_\_\_\_\_

NRIC: \_\_\_\_\_ Gender: M / F \*

Date of Birth: (DD/MM/YYYY) \_\_\_\_\_

### 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

## 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](http://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](http://www.chubb.com/sg).

Chubb. Insured.™

Chubb Personal Accident Assist Brochure. Singapore. Published 04/2018.  
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CHUBB®

Chubb Personal  
Accident Assist

Covers You And Your  
Loved Ones For The  
Unpredictable

## Chubb Personal Accident Assist™

Accidents can happen anytime, anywhere. Are you and your family members well prepared for the additional financial burden should such events occur?

Chubb Personal Accident Assist™ is designed to provide you and your loved ones with up to \$1 million coverage should death or permanent disablement occur as a result of an accident. It also allows claims on minor injuries or temporary disablement, including registered Traditional Chinese Medicine (TCM) treatments. What's more, sign up now to enjoy up to 10% off all annual plans!

### Benefits at a Glance

Basic Coverage	Sum Insured (\$)					
	Plan 1'	Plan 2	Plan 3	Plan 4	Plan 5	Child
Accidental Death or Permanent Disablement	1,000,000	500,000	300,000	200,000	100,000	10,000
Accidental Death due to Natural Catastrophe	250,000	125,000	75,000	50,000	25,000	2,500
Bereavement Expenses	15,000	12,500	10,000	7,500	5,000	-
Ambulance & Mobility Aid	5,000	4,000	3,000	2,000	1,000	-
Broken Bones Benefit	5,000	5,000	3,000	2,000	1,000	-
Accidental Medical Expense Reimbursement*	6,000	5,000	4,000	3,000	2,000	200
With Enhancements						
Weekly Benefit for Temporary Total Disablement	1,000	500	300	200	100	-
Lifestyle Benefit	5,000	3,000	2,000	1,000	1,000	-
Leave Compensation (per Accident)	200	200	200	200	200	-

### Important Notes

- ' A declaration of Annual Salary will be needed for the enrolment of Plan 1. Accidental Death or Permanent Disablement benefit will be capped at 10 times annual basic salary or maximum sum insured, whichever is lower and will be reduced by 50% once Insured Person turns 71 years old and above.
- # Benefit is payable for amounts that are not recoverable from any other sources. Medical expenses incurred from treatment by a Chinese Physician shall not exceed the Traditional Chinese Medicine (TCM) sub-limit of \$750 per event. TCM includes acupuncture, bonesetter and recognised chiropractic treatment.
- Eligible for Main Insured and/or Partner between 18 and 70 years old; renewable up to 75 years old. Child must be between 6 months and 18 years old; renewable up to 25 years old if still studying full-time.
- Pre-existing Medical Conditions will not be covered. Please refer to the Policy for the full list of exclusions, terms and conditions.
- Premiums payable on Your Policy are non-guaranteed and are inclusive of the prevailing 7% GST. 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.

### Key Benefits

- Up to \$1 million lump sum payment in the event of Accidental Death or Permanent Disablement
- Up to additional \$250,000 for Accidental Death due to Natural Catastrophe
- Up to \$15,000 for Bereavement Expenses
- Up to \$6,000 for Accidental Medical Expenses Reimbursement per injury (with a sub-limit of \$750 for registered TCM treatments)
- Free coverage for dependents if both Policyholder and Partner are enrolled under the same plan type

- 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>.

#### For Advisor's Use

Name of Advisor: \_\_\_\_\_

Name of Agency: AVision Business Solutions Pte Ltd (70ABS)

#### For Official Use

Seller ID: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Campaign Code: \_\_\_\_\_

### Enrolment Form

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 will like to sign up for Chubb Personal Accident Assist™.

For DPC Use



\*SG016\*

### Premium Table / Choice of Plan

Enjoy up to 10% off all annual plans!

	Monthly Payment Mode					Annual Payment Mode (Premiums stated are after discount)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Basic Cover										
Class 1	\$71.68	\$38.02	\$23.72	\$16.32	\$8.90	\$774.18	\$410.62	\$256.23	\$176.27	\$96.14
Class 2	\$92.55	\$48.95	\$30.26	\$20.73	\$11.17	\$999.55	\$528.66	\$326.83	\$223.83	\$120.65
Class 3	/	\$63.26	\$39.16	\$26.71	\$14.25	/	\$683.22	\$422.94	\$288.49	\$153.87
Class 4	/	/	/	\$38.10	\$20.67	/	/	/	\$411.53	\$223.28
With Enhancement										
Class 1	\$87.83	\$46.95	\$29.05	\$19.92	\$11.25	\$948.47	\$507.03	\$313.69	\$215.21	\$121.47
Class 2	\$113.53	\$59.95	\$37.18	\$25.41	\$14.22	\$1,226.13	\$647.46	\$401.53	\$274.46	\$153.58
Class 3	/	\$78.50	\$48.25	\$32.87	\$18.25	/	\$847.76	\$521.02	\$354.96	\$197.10
Class 4	/	/	/	\$46.71	\$26.27	/	/	/	\$504.39	\$283.66

Premiums stated above are inclusive of the prevailing 7% GST.

Class 1 - administrative and clerical duties in the office or any non-hazardous working environment

Class 2 - sales and other occupations requiring field travelling, skilled and semi-skilled occupations at supervisory level and involving light manual work

Class 3 - Skilled and semi-skilled occupations involving a moderate level of manual work

Class 4 - Physical strenuous occupations and unskilled work of manual nature

(Please indicate the plan of your choice accordingly.)

Self	Plan Type	Plan 1 / 2 / 3 / 4 / 5*	Partner	Plan Type	Plan 1 / 2 / 3 / 4 / 5*
	Payment Mode	Monthly / Annual*		Payment Mode	Monthly / Annual*
	Type of Occupation	Class 1 / 2 / 3 / 4*		Type of Occupation	Class 1 / 2 / 3 / 4*
	Enhancement	Yes / No*		Enhancement	Yes / No*

### Payment Details

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

Credit Card (VISA / Mastercard\*)

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Credit Card Expiry Date: (MM/YY) \_\_\_\_\_

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