



CREDITSAFE APPLICATION FORM

THE INSURANCE ACT : In this application, you are required to disclose fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

(A) Particulars of Applicant

Name : Mr/Mrs/Ms/Mdm/Dr* _____ Gender: _____
 (*delete if not applicable) (Name as in your NRIC/Fin/Passport. Please underline surname)

Residential Address: _____ Postal Code _____

NRIC/FIN/Passport No: _____ Date of Birth : _____ Nationality: _____
 (Please provide NRIC No. if Applicant is a Singaporean/PR)

Marital Status : _____ Occupation: _____

Tel : _____ (Home) _____ (Hp) Email Address : _____

(B) Coverage Details

Yes, I want to sign up for

Type of Cover	Annual Premium
Individual <input type="checkbox"/>	\$48.15
Family <input type="checkbox"/>	\$87.74

Period of Insurance: _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)

(C) Person(s) to be insured

Full Name of Insured Person(s)	NRIC / Passport No.	Date of Birth	Occupation
The Applicant	As stated above		
Details of Insured Person 1			
Details of Insured Person 2			
Details of Insured Person 3			
Details of Insured Person 4			

(C) Payment Authorisation – Please select ONE payment method

I hereby authorise Standard Chartered Bank Singapore (Limited) (the Bank) to debit from my Bank Account or charge to my credit card specified below for the premiums due under my Credit Safe Plan with MSIG Insurance (Singapore) Pte. Ltd. (MSIG). This authorisation will remain in force until terminated by my/our written notice at least 30 days in advance of the intended date of cancellation.

VISA / MasterCard Card Account _____ - _____ - _____ Exp (____/____) **Issuing Bank** _____

Standard Chartered Bank Savings / Current / Cheque and Save Account _____

I agree that the Bank

1. will be under no obligation to effect payment if my account does not have sufficient funds and charge me a fee for this.
2. may also at its discretion allow the debit even if this results in an overdraft/increase of the overdraft on the account and impose charges accordingly.
3. will be under no liability to me if for any reason it fails to comply with this direct debit authorisation.

Annual Cheque Payment (Cheque No _____ **)**

(Please note for joint account with mandate, both account holders' signatures would be required)

(D) Preference For Receiving Updates (Please mark one box)

Yes, I would like to receive promotional offers (such as travel insurance and exclusive promotions for policyholders) and updates from MSIG on insurance products via SMS and phone calls.

No, I do not wish to receive promotional offers and updates from MSIG on insurance products via SMS and phone calls.

(E) Declaration

I want to effect the insurance specified here and declare that I:

- i) agree that the policy will be entered in the register of Singapore policies
- ii) warrant that the information given and answers to questions in this Application are true and correct to the best of my knowledge
- iii) have not withheld any facts likely to influence MSIG's assessment of this Application
- iv) agree to accept the terms, conditions and exclusions contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- v) understand this Application will be subject to the approval and acceptance by MSIG and the premium fully paid and received by MSIG before cover can be effected. This insurance is automatically renewed each year unless a written termination notice is given by me or by MSIG at least 30 days before the renewal date.
- vi) understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. MSIG may also send me marketing mailers by post or emails. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. The full MSIG's Privacy Policy can be found at www.msig.com.sg.

Signature of Applicant (for and on behalf of all persons to be insured)

Date

This Application Form is not a contract of insurance. Please refer to the policy which will be issued to you upon acceptance of your application for the applicable terms, conditions and exclusions.