



**Enhanced Cash-Back Personal Accident Protector**

**THE INSURANCE ACT** : In this form, 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) Coverage - Select Cover Desired (Place "X" in one box only)**

	Plan 1	Plan 2
Age 0 - 18	<input type="checkbox"/> S\$ 8.56	<input type="checkbox"/> S\$13.25
Age 19 - 40	<input type="checkbox"/> S\$12.23	<input type="checkbox"/> S\$18.85
Age 41 - 50	<input type="checkbox"/> S\$14.88	<input type="checkbox"/> S\$23.84
Age 51 - 55	<input type="checkbox"/> S\$17.23	<input type="checkbox"/> S\$28.54
Age 56 - 59	<input type="checkbox"/> S\$20.77	<input type="checkbox"/> S\$35.84
Age 60 - 65	<input type="checkbox"/> S\$25.24	<input type="checkbox"/> S\$44.79
Age 66 - 69 (renewal)	<input type="checkbox"/> S\$32.30	<input type="checkbox"/> S\$51.46

*Note : Premiums indicated above show monthly premiums per person inclusive of 7% GST.*

**(B) Details of Main Applicant and Insured Person(s)**

Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_ Marital Status : \_\_\_\_\_

Address : \_\_\_\_\_ S ( \_\_\_\_\_ )

If your mailing address above is different from the existing record with MSIG (if any), would you like to update all your existing policies with the new mailing address?  Yes  No

Email Address : \_\_\_\_\_ Occupation/Industry : \_\_\_\_\_

Tel : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Hp/Pgr)

Full Name of Insured Person(s)	Relationship to Main Applicant	NRIC / Passport No	Date of Birth	Gender	Occupation

**(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 Enhanced Cash-Back Personal Accident Protector Plan with MSIG Insurance (Singapore) Pte. Ltd. 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 (Singapore) Limited's Savings / Current / Cheque and Save Account**

I agree that the Bank

- will be under no obligation to effect payment if my account does not have sufficient funds and charge me a fee for this.
- 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.
- 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 "and" mandate, both account holders' signatures would be required)

**(E) Declaration**

1. I/We are now in good health and free from physical impairment or deformity. (If not, please give full particulars on a separate sheet.)
2. I/We am/are aware that Death and Total Permanent Disablement benefits are payable only if they arise out injury due to accident.
3. I/We am/are aware that I/We can seek advice from a qualified advisor before I/We sign this Application Form. Should I/We choose not to, I/We take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
4. I/We agree that this Application Form and other information declared shall form the basis of the contract and I/We understand that this coverage will take effect the day after my/our Application Form is received and accepted by MSIG Insurance (Singapore) Pte. Ltd. in writing. This insurance is automatically renewed each month unless a written termination notice is given by me or by MSIG Insurance (Singapore) Pte. Ltd. at least 30 days before the intended date of cancellation.
5. I/We agree that the policy will be entered in the register of Singapore policies.
6. I 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.msg.com.sg](http://www.msg.com.sg).



Agree to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls  Yes  No

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

\_\_\_\_\_  
Date

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 your insurer or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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.