



ace insurance

IMPORTANT NOTICES TO THE APPLICANT

DUTY OF DISCLOSURE: Before you enter into the contract of general insurance with an insurer, you have a duty under the law to disclose every matter within your knowledge that is material to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. It is important that all information contained in this application is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this application. You should obtain advice before you sign this application if you do not properly understand any part of it. Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into.

NON DISCLOSURE: if you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its inception. If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

Enrollment Form

YES! I would like to sign up for Enhanced Kids! Protector. (Please tick the plan opted for.)

Table with columns: My Choice of Plan, Monthly Premiums (Standard, Superior), Annual Premiums (Standard, Superior). Row: 1 Child. Values: \$18.95, \$31.59, \$227.40, \$379.08.

Premiums are inclusive of 7% GST.

APPLICANT'S PARTICULARS

Name: NRIC No.: Date of Birth: Sex M/F

Telephone No. (HP): (O): (H):

Address:

Occupation: Industry: Email Address:

Relationship with Child:

APPLICANT SPOUSE'S PARTICULARS

Name: NRIC No.: Date of Birth: Sex M/F

Telephone No. (HP): (O): (H):

Occupation: Industry: Email Address:

CHILD'S PARTICULARS

Name: Birth Cert/NRIC NO.: Date of Birth: Sex M/F

MODE OF PAYMENT

Please charge the premium of S\$ to my following account:

- Payment via Interbank GIRO (if payment through GIRO, please fill up the Interbank GIRO form)
eSavers Kids! Account
Standard Chartered Bank (Singapore) Savings Account
Other Bank's Account

- Payment via credit card
Standard Chartered Bank (Singapore) Credit Card
Other bank's credit card
VISA
Mastercard

If others, please specify issuer:

Card No: Expiry Date:

- Cheque Payment (Annual payment only)

Please credit the Guaranteed Cash Bonus (excluding GST) to my following account (please tick):

- eSaver Kids! Account number (30% Guaranteed Cash Bonus)

Account number field

- Cheque (25% Guaranteed Cash Bonus)

Section 25(5) of the Insurance Act - Statutory Warning

If you do not fully and faithfully give the facts as you know them or ought to know them, you may receive no benefits from the policy.

DECLARATION

I declare that:

- (a) my child to be insured is between the age of 1 and 18 years old;
(b) to the best of my knowledge and belief, that my child to be insured is in good health and free from any medical impairment;
(c) I/my spouse/my child am/are not employed in the following occupations: air crew or professional sportsmen;
(d) I have read and understood the Important Notices contained in this Enrolment Form;
(e) I agree that this Enrolment Form, together with any other documents or information supplied, will form the basis of any contract of insurance;
(f) if my application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wordings as issued or as otherwise specifically varied in writing by ACE;
(g) after enquiry, the statements, particulars, and information contained in this Enrolment Form and in any other documents accompanying this application are true and correct in every detail and that no other material facts have been mis-stated, suppressed or omitted;
(h) I undertake to inform ACE of any material alteration to those facts before completion of the contract of insurance

I am aware that I can seek advice from a qualified advisor before I sign this Enrolment Form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

I have declared in this Enrolment Form all facts relevant to the risk being proposed under this insurance and no insurance will be in force until this Enrolment Form has been accepted by ACE. I acknowledge and agree that ACE has the right to reject my application without assigning any reason whatsoever.

Applicant's Signature

Date

Important Notes:

- 1. Pre-existing Medical and Congenital Conditions will not be covered in this plan.
2. Aerial activities are also excluded in this plan.



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ORIGINAL COPY REQUIRED

Insured's NRIC No. _____

APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with √)

Date :

√ _____

Name of Billing Organisation ("BO")

ACE INSURANCE LIMITED

To : Name of Financial Institution (Bank's name):

√ _____

Billing Organisation's Customer's Name :

√ _____

Branch

√ _____

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of me/our written revocation through the BO.

My/Our Name(s) :

√ _____

My/Our Contact (Tel/Fax) Number(s) :

√ _____

My/Our Account Number :

√ _____

My/Our Company Stamp/Signature(s)/Thumbprint(s)* :

√ _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Account No. To be Credited
7214	001	0010226082

Seller ID

Billing Organisation's Customer Reference No.

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

TO : Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s)

- Signature/Thumbprint# differs from Financial Institution's records
- Signature/Thumbprint# incomplete/unclear#
- Account operated by signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer

Authorised Signature

Date

* For thumbprint, please go to the branch with your identification.

Please delete where inapplicable