ERGO Accident**Protect** Individual

Proposal Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any subsequent amendments thereof: You are to disclose in this Proposal Form, 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 hereunder may be void.

Particulars of Applicant (Policyholder)*

Full Name (as per NRIC/FIN)	

NRIC/FIN		Gender	☐ Male ☐ Female	Marital Status	☐ Single ☐ Married ☐ Others

Date of Birth	DD / MM / YYYY	Nationality		Telephone	(Home/ Office)
Email					(Mobile)
Address					
				Postal Code	
Occupation					

*The Policyholder indicated in this form has the right under Section 49 L of the Insurance Act (Cap. 142) to create a trust of the Policyholder's policy moneys in favour of his /her nominated beneficiary or beneficiaries, or to nominate a beneficiary / beneficiaries under Section 49 M of the Insurance Act (Cap.142) for the purpose of payment of the Policyholder's death benefit.

Particulars of Spouse (if enrolling)

Full Name (as per NRIC/FIN)	

NRIC/FIN		Gender	☐ Male ☐ Female

Date of Birth	DD / MM / YYYY	Nationality		Telephone	(Home/ Office)
Email					(Mobile)
Job Description					
				Postal Code	
Occupation		Occupation Class			
Nature of Business					

Eligibility:

- 16-70 years old, renewable to 75 years old.
- Child(ren): From 15 days to 18 years old (extended to 25 years old for full time students studying in recognised tertiary institution).
- Person(s) under Occupational Class III are not eligible to be insured under Deluxe Plan or any Add-on Covers.
- Person(s) under Occupational Class IV are not eligible for any Plans. For further information about Occupation class, please visit (**www.ergo.com.sg**).
- Cover can be extended to a single parent, widow, widower, or divorcee for additional premium of 40%.

Please indicate your preferred plan

(tick **boxes** wherever applicable) (All premiums inclusive of **9%** GST)

Period of Insurance 1 Year from

DD / MM / YYYY

☐ Main Applicant

☐ Core Cover
☐ Add-on Cover 1
☐ Add-on Cover 2

☐ Spouse (if enrolling)

☐ Core Cover
☐ Add-on Cover 1
☐ Add-on Cover 2

☐ Single Parent/ Widowed/ Divorced
(Premium per pax)
(if enrolling for Child Cover)

☐ Core Cover
☐ Add-on Cover 1
☐ Add-on Cover 2

Particulars of Child (as applicable)

Name of Child	NRIC No. / FIN.	Date of Birth	Gender	Occupation

* Person(s) under occupational Class III are not eligible to be insured under Deluxe Plan or any Add-on Covers. We reserve the right to cancel this
Policy from the effective date should an incorrect occupation class be indicated.

Payment – Total Premium payable: (S$)

☐ By cheque to: ERGO Insurance Pte. Ltd.   Cheque No.   Bank

☐ By Credit Card   ☐ Visa   ☐ MasterCard   Name as on card

Credit Card No.   Expiry Date

Authorization of premium payment through Credit Card
I/ We agree to pay the premiums according to the plan chosen and I/ We hereby authorise ERGO Insurance Pte. Ltd. to charge the stated annual premium to the following credit card. Policy will be issued upon receipt of the approval from the respective credit card company. Where a third party's credit card is used, I/ We declare that the cardholder has authorised and consented for Me/ Us to use it to make this payment.

Important Notice

- This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this insurance are set out in the policy terms and conditions.
- This quote is valid for only 30 days from the date of issue.
- No insurance will be in force until premium is received. If this proposal is accepted or when the cover commences, it is a fundamental and absolute Special Condition of this contract of insurance that the premium due must be paid to the insurer/broker/agent before the inception of the cover for individually-owned policies.
- You, as the Policyholder indicated in this proposal form, have the right under Section 49L of the Insurance Act (Cap. 142) to create a trust of your policy money in favour of your nominated beneficiary or beneficiaries, or to nominate a beneficiary or beneficiaries under Section 49M of the Insurance Act (Cap. 142) for the purpose of payment of your death benefit.

- 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 ERGO Insurance Pte. Ltd. or visit the ERGO, GIA or SDIC websites (www.ergo.com.sg or www.gia.org.sg or www.sdic.org.sg).

Declaration I/We declare that:

- I/We understand that all pre-existing conditions are not covered.
- I/We understand that AccidentProtect is a Personal Accident Policy and benefits shall be payable upon the occurrence of an Accident, subject
  to applicable terms and conditions.
- I/We am/are aware that I/We can seek advice from a qualified advisor before I/We sign this proposal 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.
- If I am/We are switching policies, I/We should consider whether this will result in any costs and whether the benefits under the new policy are more suitable for me/us.
- I/We hereby declare that I am/We are ordinarily resident in Singapore as defined in the First Schedule of the Insurance Act (Cap. 142).
- I/We understand that I/We must inform ERGO immediately if any of the information that I/We have given ERGO in this form changes or is no longer accurate. I/We understand and acknowledge that it is my/our duty to disclose fully and faithfully, all the facts which I/We know or ought to know in respect of this proposed insurance and to ensure that all information provided to ERGO is accurate and updated. Examples of such information include, but are not limited to, a change in occupation or nature of business.
- I/We hereby declare that I/We have received, read and understood, or have been advised of and understand the contents of the brochure and any information materials relating to this insurance product.

Personal Data I/We, the policyholder confirm that the information I/We have provided is my/our personal data. If personal data of third parties is provided (e.g. information of insured persons, dependents, payees and/or employees) to ERGO, I/We represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information. By providing this information I/We understand, acknowledge and consent that:

- ERGO Insurance Pte. Ltd. (ERGO) may/will collect, use, disclose and/or process my/our personal data for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/or managing my/our relationship and policies with ERGO and for the purposes stated in ERGO's Personal Data Protection Policy;
- ERGO may/will also collect personal data about me/us from sources other than my/our self for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data accordingly;
- ERGO may/will disclose my/our personal data to third parties, including but not limited to its affiliates, representatives, agents, service providers, and lawyers/law firms, whether located within or outside Singapore, for one or more of the mentioned purposes, as such third party if engaged by ERGO, would be processing my/our personal data for one or more of the above purposes;
- The personal data protection clauses herein are not exhaustive. I/We have read, understood and accept the terms of ERGO's Personal Data Protection Policy found at https://www.ergo.com.sg/pdpa;
- ERGO, its group companies and/or business partners may contact me/us to share information about products and services from ERGO by post, e-mail and ☐ Telephone ☐ Text Message.

Signature of Proposer	Date

Intermediary details (For Office Use Only)

Name		Code	
Telephone		Email	