

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  Nationality  Telephone

Email

Address

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  Nationality  Telephone

Email

Job Description

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](http://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 squares wherever applicable) (All premiums inclusive of 7% GST)

Period of Insurance 1 Year from

Applicant	Occupation Class*	Benefit	Basic (\$\$)	Essential (\$\$)	Standard (\$\$)	Deluxe (\$\$)
<input type="checkbox"/> Main Applicant	Class I	<input type="checkbox"/> Core Cover	<input type="checkbox"/> 125	<input type="checkbox"/> 219	<input type="checkbox"/> 299	<input type="checkbox"/> 569
	Class II		<input type="checkbox"/> 131	<input type="checkbox"/> 230	<input type="checkbox"/> 314	<input type="checkbox"/> 597
	Class III		<input type="checkbox"/> 243	<input type="checkbox"/> 425	<input type="checkbox"/> 580	NA
	Class I	<input type="checkbox"/> Add-on Cover 1	<input type="checkbox"/> 38	<input type="checkbox"/> 66	<input type="checkbox"/> 90	<input type="checkbox"/> 171
	Class II		<input type="checkbox"/> 39	<input type="checkbox"/> 69	<input type="checkbox"/> 94	<input type="checkbox"/> 179
	Class I	<input type="checkbox"/> Add-on Cover 2	<input type="checkbox"/> 19	<input type="checkbox"/> 33	<input type="checkbox"/> 45	<input type="checkbox"/> 85
Class II	<input type="checkbox"/> 20		<input type="checkbox"/> 34	<input type="checkbox"/> 47	<input type="checkbox"/> 90	
<input type="checkbox"/> Spouse (if enrolling)	Class I	<input type="checkbox"/> Core Cover	<input type="checkbox"/> 125	<input type="checkbox"/> 219	<input type="checkbox"/> 299	<input type="checkbox"/> 569
	Class II		<input type="checkbox"/> 131	<input type="checkbox"/> 230	<input type="checkbox"/> 314	<input type="checkbox"/> 597
	Class III		<input type="checkbox"/> 243	<input type="checkbox"/> 425	<input type="checkbox"/> 580	NA
	Class I	<input type="checkbox"/> Add-on Cover 1	<input type="checkbox"/> 38	<input type="checkbox"/> 66	<input type="checkbox"/> 90	<input type="checkbox"/> 171
	Class II		<input type="checkbox"/> 39	<input type="checkbox"/> 69	<input type="checkbox"/> 94	<input type="checkbox"/> 179
	Class I	<input type="checkbox"/> Add-on Cover 2	<input type="checkbox"/> 19	<input type="checkbox"/> 33	<input type="checkbox"/> 45	<input type="checkbox"/> 85
Class II	<input type="checkbox"/> 20		<input type="checkbox"/> 34	<input type="checkbox"/> 47	<input type="checkbox"/> 90	
<input type="checkbox"/> Single Parent/ Widowed/ Divorced (Premium per pax) (if enrolling for Child Cover)	Class I	<input type="checkbox"/> Core Cover	<input type="checkbox"/> 175	<input type="checkbox"/> 307	<input type="checkbox"/> 419	<input type="checkbox"/> 797
	Class II		<input type="checkbox"/> 184	<input type="checkbox"/> 322	<input type="checkbox"/> 440	<input type="checkbox"/> 836
	Class III		<input type="checkbox"/> 340	<input type="checkbox"/> 595	<input type="checkbox"/> 812	NA
	Class I	<input type="checkbox"/> Add-on Cover 1	<input type="checkbox"/> 53	<input type="checkbox"/> 92	<input type="checkbox"/> 126	<input type="checkbox"/> 239
	Class II		<input type="checkbox"/> 55	<input type="checkbox"/> 97	<input type="checkbox"/> 132	<input type="checkbox"/> 251
	Class I	<input type="checkbox"/> Add-on Cover 2	<input type="checkbox"/> 26	<input type="checkbox"/> 46	<input type="checkbox"/> 63	<input type="checkbox"/> 119
Class II	<input type="checkbox"/> 28		<input type="checkbox"/> 48	<input type="checkbox"/> 66	<input type="checkbox"/> 125	

\* 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: (\$\$)**

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](http://www.ergo.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://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
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**Intermediary details (For Office Use Only)**

Name	<input type="text"/>	Code	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/> @ <input type="text"/>

Summary of Benefits		Sum Insured (S\$)			
		Basic	Essential	Standard	Deluxe
<b>Part</b>	<b>Core Cover</b>				
1	<b>Accidental Death and Permanent Disablement (ADPD)</b> – Amount Payable as a lump sum in the event of Accidental Death or Permanent Disablement	100,000	200,000	300,000	500,000
	<b>Double indemnity payable for ADPD due to:</b> (i) ADPD whilst travelling as a passenger in any public conveyance (ii) ADPD resulting from Earthquake, typhoon, cyclone, hurricane and flood	200,000	400,000	600,000	1,000,000
2	<b>Accident Medical Expenses Reimbursement</b> Expenses incurred in-hospital and for out-patient treatment – Per disability due to an Accident or Infectious Disease	up to 3,000	up to 6,000	up to 8,000	up to 10,000
	<b>Dental Treatment arising from an Accident</b> Medical Expenses arising from Insect / Animal Bites, Dengue Fever, or Poisoning from food or drinks		up to 800 per occurrence (Sub-limit of Medical Expenses Reimbursement)		
3	<b>Weekly Benefit For Temporary Total Disablement (TTD)</b> Weekly benefit for up to 104 weeks for Total Temporary Disablement due to an Accident	100 per week	200 per week	300 per week	500 per week
4	<b>Traditional Chinese Medicine</b> Reimburse for treatment by a Chinese Physician rendering Traditional Chinese Medicine due to an Accident	up to 500	up to 750	up to 750	up to 1,000
5	<b>Mobility Aid and Ambulance Services Reimbursement</b> Reimbursement for the cost of ambulance services and purchase or rental of a wheelchair, crutches or hearing aids as prescribed by a Physician	up to 3,000	up to 4,000	up to 4,000	up to 5,000
6	<b>Personal Effects and belongings</b> Damaged as a result of an Accident	200	300	400	500
7	<b>Cover for Dependent Children</b> Complimentary cover for Dependent Children of up to 20% of all benefits except weekly Benefit for TTD (Part 3)	20%	20%	20%	20%
<b>Add-on Cover 1</b>					
8	<b>Daily Hospital Income</b> Pay daily income for each day you are hospitalized up to 1 year	100	200	250	300
9	<b>Emergency Medical Evacuation</b> Reimbursement of emergency evacuation expenses due to an Accident	Up to 20,000	Up to 30,000	Up to 40,000	Up to 50,000
10	<b>Lifestyle Maintenance</b> Payment to the Insured Person's immediate dependant family a monthly maintenance up to 12 months due to Accidental Death of the Insured Person	1,000	2,000	2,000	3,000
11	<b>Compassionate Allowance</b> Payment of a lump sum upon Accidental Death of an Insured Person	5,000	10,000	15,000	25,000
<b>Add-on Cover 2</b>					
12	<b>Child Support Fund</b> Payment of a lump sum for the benefit of the Insured Person's Dependent Children upon the Accidental Death of the Insured Person	10,000	15,000	20,000	25,000
13	<b>Income Protection</b>	6 months' salary, up to 30,000	6 months' salary, up to 30,000	6 months' salary, up to 30,000	6 months' salary, up to 30,000
14	<b>Loan Protector</b>	up to 3,000	up to 3,000	up to 3,000	up to 3,000

**ERGO Insurance Pte. Ltd.**

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www.ergo.com.sg

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