

Policy Type	Corporate Travel	<input type="checkbox"/> Named Basis	<input type="checkbox"/> Unnamed Basis
Policy No.			
Policyholder			
Period Of Insurance	From: DD/MM/YYYY	To: DD/MM/YYYY	

Date of Instruction	DD/MM/YYYY		
To	ERGO Travel Department		
Attn.			
From		Intermediary Code	

**Renewal**

<input type="checkbox"/> Existing Benefits Terms & Conditions  <input type="checkbox"/> Revised Benefits Terms & Conditions	<input type="checkbox"/> Named Basis as per Existing Listing
	<input type="checkbox"/> Named Basis as per attached Updated Listing
	<input type="checkbox"/> Existing Headcount
	<input type="checkbox"/> Updated Headcount (attached)
	<input type="checkbox"/> Other Instructions /Remarks

**Additional Changes (Where Applicable)**

<input type="checkbox"/> Change of Entity Name / Addition of Subsidiary <b>(ACRA required)</b>	<input type="checkbox"/> ACRA Attached
<input type="checkbox"/> Change of Address	New Address:          Postal Code:
<input type="checkbox"/> Change of Servicing Producer <b>(Letter of Appointment required)</b>	<input type="checkbox"/> Letter of Appointment Attached
<input type="checkbox"/> Cancellation <b>(Clients Letter required)</b>	Effective Date: DD/MM/YYYY
	Reasons:
	<input type="checkbox"/> Clients Letter Attached
<input type="checkbox"/> Other Instructions /Remarks	

**Mode of Payment**

<input type="checkbox"/> Cheque Payment	Bank / Cheque No.																	
	Amount	SGD																
	Date of Cheque	DD/MM/YYYY																
<input type="checkbox"/> Credit Card Payment	Credit Card No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
	Cardholders Name																	
Expiry Date	DD/MM/YYYY																	
<input type="checkbox"/> Other Instructions /Remarks																		

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 person(s), 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 <http://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.

Authorised Signature		Company Stamp
Authorised By		
Designation		
Date signed	DD/MM/YYYY	