

3 Anson Road #28-01 Springleaf Tower Singapore 079909 Main Line: 6222 7733 Fax: 6327 3869/6327 3872 http://www.uoi.com.sg E-mail: Underwriting@uoi.com.sg

UNITED HOME PROTECTION INSURANCE APPLICATION FORM

Statement Pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

Please tick:					
Plan A	Plan B	Plan (C [Pla	an D
Optional Coverage: (Please	specify the amount of the pr	operty to be insur	e d).		
Building	S\$	_			
Valuables	S\$	<u> </u>			
Period of Insurance:		_			
Total Annual Premium (inclu	ding 5% GST):				
Applicant's Particulars					
Full name :					
Mailing Address :					
	Postal Code				
Contact number :	Home:		Office		
	Mobile Phone:		E-mail:		
Date of birth :			NRIC no.:		
Occupation :			Marital Status:	:	
Information on the Propert	y to be Insured				
=	perty to be insured:				
2. What is the type of					
Detached		ached			
	vate apartment & Condomini lease specify:				
Omers, p	neuse speeny.				
3 Does any financial	institution has an interest in y	our property?		YES	NO
•	Company and for what amou				



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Insurance & Claims History

1.	Have you previously been insured?	YES	NO
2.	Has any Company or Insurer (a) declined to insure you? (b) required special terms to insure you? (c) cancelled or refused to renew your insurance? (d) increased your premium on renewal?		
3.	Is there any other similar insurance in force?		
4.	Have you made any claims under this insurance during the last 3 years?		
	declare that the above statements and particulars are complete and correct a sed or mis-stated. I agree that this proposal shall form the basis of the con		
Applica	nt's Signature Date		
This pol	f Payment licy is subject to Payment Before Cover Warranty, ie. full premium payment n n at the time of documentation.	nust be made befor	e policy
Please c	harge S\$ (including GST) to my * VISA/ Master Credit Card (* a	delete as appropria	ite)
	Card No V-Code V-Code]
	I enclose a cheque for S\$ (including GST) payable to United Ove Bank/ Cheque no:	erseas Insurance I	_imited.