

**UNITED OVERSEAS INSURANCE 大華保險**(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)
SINGAPORE COMPANY REGISTRATION NO: 197100152-R3 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 PERSONAL ACCIDENT 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:		Annual Premium (subject to 5% GST)
<input type="checkbox"/>	Plan 1	S\$130.00 + 5% GST
<input type="checkbox"/>	Plan 2	S\$300.00 + 5% GST

Applicant's Particulars

Full name : _____

Address : _____

Postal Code : _____

Contact number : Home: _____ Office: _____

Mobile Phone: _____ E-mail: _____

Date of birth : _____ NRIC no.: _____

Occupation : _____ Marital Status: _____

Questionnaires

- | | | Please Tick | | YES | NO |
|----|--------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. | Are your occupational duties | | | | |
| | a) Administrative | <input type="checkbox"/> | | | |
| | b) Supervisory | <input type="checkbox"/> | | | |
| | c) Manual | <input type="checkbox"/> | | | |
| 2. | Is any machinery other than hand tools used in relation to your usual work? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you engage in any activities or hobbies normally regarded as dangerous? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has any insurer in connection with Accident, Sickness or Life insurance ever | | | | |
| | (a) deferred or declined a proposal, refused renewal or terminated an insurance? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) Required an increased premium or imposed special conditions? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)? | | | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above answers from 2 to 6 is "YES", please provide details below: -



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Declaration

I hereby declare that the above statements and particulars are complete and correct and that no facts have been suppressed or mis-stated. I agree that this proposal shall form the basis of the contract between me and the Company.

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

Applicant's Signature

Date

Mode of Payment

This policy is subject to Payment Before Cover Warranty, ie. full premium payment must be made before policy inception at the time of documentation.

Please charge S\$_____ (including GST) to my * VISA/ Master Credit Card (* delete as appropriate)

☐ Card No

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Expiry date:

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V-Code:

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☐ I enclose a cheque for S\$_____ (including GST) payable to **United Overseas Insurance Limited**.
Bank/ Cheque no: _____