



UNITED OVERSEAS INSURANCE 大華保險

(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)
SINGAPORE COMPANY REGISTRATION NO: 197100152-R

3 Anson Road #2801 Springleaf Tower Singapore 079909
Main Line: 6222 7733 Fax: 6327 3869/6327 3872
http://www.uoi.com.sg E-mail: Underwriting@uoi.com.sg

TELESURE MEMBERSHIP 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.

Applicant's Particulars

Full name : _____

Address : _____

Postal Code _____

Contact number : Home: _____ Office _____
 Mobile phone: _____ E-mail: _____

Date of birth : _____ Marital Status: _____

Nationality : _____ NRIC no.: _____

Family Member's Particulars

No	Name	NRIC no/ Passport no	Date of birth	Relationship
1				
2				
3				
4				
5				

Warranty: Insured Person must be domiciled in Singapore and travel must not be for the purpose of seeking medical attention

Declaration

I/We hereby declare that I am/we are in good health and am aware of and agree to abide by the Policy's terms, conditions. I/We also understand that the issuance of the policy is based on all statements and answers set out in this Application Form which are complete and true.

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.*

Premium cannot be refunded once the Certificate of Insurance has been issued.

No refund of premium once the Certificate of Insurance is issued

Please debit the premium to my * VISA/Master credit card (*to delete as appropriate) whenever I activate Unisure Insurance. The card details as below:

Card No

Expiry date: /

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
 2. Fold and insert your application form and any other required document into this prepaid business reply folder.
 3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
 4. Drop your sealed prepaid business reply folder into your nearest post box.
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**BUSINESS REPLY SERVICE
PERMIT NO. 07812**



UNITED OVERSEAS INSURANCE LIMITED

3 Anson Road #28-01
Springleaf Tower
Singapore 079909

Postage will be
paid by
addressee. For
posting in
Singapore only.

Two thick, parallel vertical black lines extending from the bottom of the postage box to the bottom edge of the page.