

TRAVEL SAFE PROPOSAL FORM**IMPORTANT NOTICE:**

- Under Section 25(5) of the Insurance Act (Chap 142), You are to disclose on this Proposal Form fully and faithfully all the facts which you know, or ought to know, otherwise the Policy issued hereunder may be void.
- This Insurance Policy will not be in force until the proposal is accepted and the premium is being paid and received in full by the company.

Intermediary Code/Name: **Details of Cover (Please tick where appropriate)**

Policy Type: <input type="checkbox"/> Individual <input type="checkbox"/> Family	Type of Plan: <input type="checkbox"/> First <input type="checkbox"/> Business <input type="checkbox"/> Economy	
Period of Insurance:	<input type="checkbox"/> Single Trip Plan :	Departure Date:
		Return Date:
	<input type="checkbox"/> Annual Plan:	From : to
Zone:	<input type="checkbox"/> Zone 1 (China)	
	<input type="checkbox"/> Zone 2 (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Phillipines, Thailand, Vietnam and countries in Zone 1)	
	<input type="checkbox"/> Zone 3 (Australia, Hong Kong, India, Japan, Macau, Mongolia, New Zealand, South Korea, Sri Lanka, Taiwan and countries in Zone 1 and Zone 2)	
	<input type="checkbox"/> Zone 4 (Worldwide, excluding Afganistan, Cuba, Democratic Republic of Iran, Iraq, Liberia, North Korea, Sudan or Syria)	
	Destination(s):	

Personal Particulars of Person(S) To Be Insured

Name of Insured:	NRIC / Passport No:	Date of Birth:
Address:		
Home/Office:	Mobile:	Email:

Other Persons to be Insured:



No.	Name	NRIC/FIN/Passport No.	Date of Birth	Relationship to Applicant

Number of Child(ren) insured:

Premium Charged (No GST required):

S\$

Mode of Payment

<input type="checkbox"/>	I enclosed a cheque of S\$ _____ payable to China Taiping Insurance (Singapore) Pte. Ltd.																				
	Bank / Cheque No.: _____																				
<input type="checkbox"/>	Please charged S\$ _____ to my Credit Card  																				
Card Number:	<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><td></td><td></td><td></td><td></td></tr></table>																				
	Expiry Date: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																				

Warranty and Declaration:

The Insured Person(s) hereby warrant and declare for themselves and on behalf of all members of the travelling party as follows:

- I) I/We are not travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
- II) I/We are currently in good health, free from all physical impairment and deformity.
- III) I/We understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued pursuant thereon.
- IV) I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- V) I/We agree and authorise any medical source (including hospitals and clinics), Insurance officer or any organisation to release to the Company at any time any information concerning the Insured Person(s) if required.

Personal Data Collection Statement

In relation to the personal data collected for this Insurance Policy, You agreed and acknowledged that:

- a) We may collect, use and disclose the personal data for the purposes stated in its Privacy Policy, which include underwriting and administering the Insurance Policy (including reinsurance underwriting, claims processing, investigation, payment and other related purposes);
- b) We will not use, disclose or process the personal data for purpose which are not stated in the Privacy Policy or for which Your consent have not been obtained. If We wishes to use, disclose or process the personal data for another purpose, We will seek prior written consent from You.
- c) We may disclose the personal data for the purpose to a related corporation, subsidiaries, holding companies, associated companies, or affiliates of any credit bureau; any person to whom disclosure is permitted or required by any law; and our third party service providers and agents (acting on our behalf). Those recipients may be located outside Singapore.

_____	_____
Signature of Insured Person or his/her Authorised Representative	Date

This policy is protected under the Policy Owners' Protection Scheme which is administrated 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 us or visit the GIA/ LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).