

TRAVEL SAFE PROPOSAL FORM
IMPORTANT

- 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.
- Your Personal Data Is Important To Us.** This is an application for an insurance product provided by China Taiping Insurance Singapore Pte. Ltd ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy.
- This policy is protected under the Policy Owners' Protection Scheme which is administered 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 CTPIS or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).
- Pre-existing medical condition is not covered by the policy. Refer to point 2 of General Exclusions in the policy wordings.

 Intermediary Code/Name

1 Details of Cover (Please tick where appropriate)

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

2 Personal Particulars of Person(S) To Be Insured

Name				
NRIC / FIN / Company Reg.No.			Date of Birth (dd/mm/yyyy)	
			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address				
Country:			Postal Code:	
Home/Office			Email Address	
Mobile				
Other Persons to be Insured:				
No.	Name	NRIC / FIN	Date of Birth	Relationship to Applicant
Number of Child(ren) insured			Premium Charged (No GST required)	
			S\$	

3 Mode of Payment

I enclosed a cheque of S\$ payable to "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."
Bank / Cheque No.:

Please charged S\$ 

NAME OF CARD HOLDER _____

- - -

EXPIRY DATE: /
Month Year

I enclosed cash payment of S\$

4 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:

1. I/We are not travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
2. I/We are currently in good health, free from all physical impairment and deformity.
3. 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.
4. I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
5. 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.

5 Personal Data Collection Statement

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Email Mail SMS and other phone-based messages Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: <https://bit.ly/marketingconsent>.
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

Signature of Insured Person or his/her Authorised Representative

Date