

Policy Type	Corporate Travel		
Policy No.			
Policyholder			
Period Of Insurance	From: DD/MM/YYYY	To: DD/MM/YYYY	

Date of Instruction	DD/MM/YYYY		
To (Concerned Department)	ERGO Travel Department		
Attn. (Concerned Person)			
From (Requested by)		Intermediary Code	

Endorsement(s)

<input type="checkbox"/> Addition(s)	Effective Date	DD/MM/YYYY
	Name	
	Date Of Birth	DD/MM/YYYY
	Occupation	
	Plan Selected	
	Territorial Limits	<input type="checkbox"/> Regional <input type="checkbox"/> International
	Leisure	<input type="checkbox"/> Leisure (only applicable to Plan with this option)
<input type="checkbox"/> Deletion(s)	Effective Date	DD/MM/YYYY
	Name	
	Plan	
<input type="checkbox"/> Change of Plans	Effective Date	DD/MM/YYYY
	Existing Plan	
	Revised Plan	
	Applicable to	
<input type="checkbox"/> Extension of Period of Insurance <input type="checkbox"/> Curtailment of Period of Insurance	Extension Period	
	Date of Return	DD/MM/YYYY
	Remarks	
<input type="checkbox"/> Change of Entity Name / Addition of Subsidiary (ACRA required)	Effective Date	DD/MM/YYYY
	Name	
	Occupation	
	Subsidiary	
	ACRA	<input type="checkbox"/> Attached
<input type="checkbox"/> Addition of Insured Persons to	Plan Selected / Subsidiary	

Specific Subsidiaries	Territorial Limits	<input type="checkbox"/> Regional <input type="checkbox"/> International
<input type="checkbox"/> Increase / Reduction of Sum Insured	Effective Date	DD/MM/YYYY
	Name	
	Occupation	
	Benefit	
	New Sum Insured	
<input type="checkbox"/> Change of Address	Effective Date	DD/MM/YYYY
	New Address	Postal Code:
<input type="checkbox"/> Change of Servicing Producer (Letter of Appointment required)	Name	
	Letter of Appointment	<input type="checkbox"/> Attached
<input type="checkbox"/> Cancellation (Clients Letter required)	Effective Date	DD/MM/YYYY
	Reason(s)	
	Clients Letter	<input type="checkbox"/> Attached
<input type="checkbox"/> Other Instructions /Remarks	Give Details	

I/we, the policyholder confirm that the information I/we have provided is my/our personal data. If personal data of third parties is provided (e.g. information of insured person(s), dependents, payees and/or employees) to ERGO, I/we represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

By providing this information I/we understand, acknowledge and consent that:

- ERGO Insurance Pte. Ltd. (ERGO) may/will collect, use, disclose and/or process my/our personal data for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/or managing my/our relationship and policies with ERGO and for the purposes stated in ERGO’s Personal Data Protection Policy;
- ERGO may/will also collect personal data about me/us from sources other than my/our self for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data accordingly;
- ERGO may/will disclose my/our personal data to third parties, including but not limited to its affiliates, representatives, agents, service providers, and lawyers/law firms, whether located within or outside Singapore, for one or more of the mentioned purposes, as such third party if engaged by ERGO, would be processing my/our personal data for one or more of the above purposes;
- The personal data protection clauses herein are not exhaustive. I/We have read, understood and accept the terms of ERGO’s Personal Data Protection Policy found at <http://www.ergo.com.sg/pdpa>;
- ERGO, its group companies and/or business partners may contact me/us to share information about products and services from ERGO by post, e-mail and Telephone Text Message.

Authorised Signature		Company Stamp
Authorised By		
Designation		
Date signed	DD/MM/YYYY	