

# TravelProtect Proposal Form (Please tick where appropriate)



## Particulars of Proposer (for and on behalf of all persons to be insured)

Full Name (as per NRIC/FIN) \_\_\_\_\_  
 NRIC /FIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female  
 Address in Singapore \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

**Note:** For a Child Insured Person aged below 18 years, the parent or legal guardian must be the Proposer.

<b>Choice of Plan</b> <input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan <input type="checkbox"/> Multiple Individuals <sup>2</sup>	<b>Choice of Cover</b> <input type="checkbox"/> Basic <sup>1</sup> <input type="checkbox"/> Essential <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe	<b>Area of Cover</b> <input type="checkbox"/> Region 1 - ASEAN <input type="checkbox"/> Region 2 - Asia <input type="checkbox"/> Region 3 - Worldwide
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## Per Trip Plan (Maximum of up to 182 consecutive days per trip)

Departure from Singapore 

D	D	M	M	Y	Y

 Arrival in Singapore 

D	D	M	M	Y	Y

  
 Country (ies) Traveling to \_\_\_\_\_ Length of Trip (both days inclusive) \_\_\_\_\_ days

## Annual Multi-Trip Plan (Maximum of up to 90 consecutive days per trip)

Effective Date (valid for one year) 

D	D	M	M	Y	Y

Number of Adults \_\_\_\_\_ No of Children \_\_\_\_\_

No.	Name of Person(s) to be Insured	NRIC/FIN	Date of Birth	Gender	Premium (S\$)
1					
2					
3					
4					
5					
<b>Total Premium S\$ (No GST required)</b>					

If more space is required, kindly attach a separate sheet.

A Child or Children shall mean an unmarried person or persons not older than 18 years of age or below 23 years of age if enrolled for full-time study in a recognized institution of learning or higher learning during the Policy period. For Family Per trip Plan, the Child must be legally related to either of the 2 insured adults and unemployed. For Family Annual Multi-Trip Plan, the Child must be the natural or legal adopted Child of the 2 insured adults who are legally married to each other and the Child must be dependent on either or both of them for financial support and travelling with one or both of them on the entire Trip.

## Payment Details (for and on behalf of all Persons to be insured)

Visa  MasterCard

Card Number 

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M	M	Y	Y		

 Card Expiry

Cardholder's name \_\_\_\_\_

**Cheque** – Crossed and Payable to ERGO Insurance Pte. Ltd.

Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

**NB:** Policy will be issued upon receipt of approval from the respective credit card company. Where a third party's credit card is used, I/We declare that the cardholder has authorized and consented for Me/Us to use it to make this payment.

<sup>1</sup> Not applicable to Annual Multi-Trip Plan. Basic Plan is applicable for trips to Malaysia, Batam and Bintan Islands only.  
<sup>2</sup> Applies to Per Trip Plans only. Covers 2 to 20 Insured Person(s) travelling together as a group on the same trip and covered on the same Per Trip Plan, provided the Applicant is travelling with the group.

## Proposer Declaration & Warranty

I hereby warrant and declare for myself and on behalf of all Insured Person(s) in 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 have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to this insurance product.
4. I/We understand and agree that no insurance is in force until a Proposal is accepted by ERGO, payment received in full and a Policy is issued.
5. I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
6. I/We hereby declare that I/We are ordinarily resident in Singapore as defined by "Insurance Act (Chapter 142) (First Schedule)".
7. I/We agree and authorize any medical source (including hospitals and clinics), insurance officer or any other organization to release to ERGO at any time any information concerning the Insured Person(s) if required.

## Important Notes

8. Statement pursuant to section 25(5) of the Insurance Act (Cap. 142) or any subsequent amendments thereof, You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.
9. Neither the brochure nor the Proposal Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the policy.
10. This product 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 ERGO Insurance Pte. Ltd. or visit the ERGO, GIA or SDIC web-sites ([www.ergo.com.sg](http://www.ergo.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).
11. Pre-existing medical conditions are not covered by the policy.

## Personal Data Protection

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

\_\_\_\_\_  
Signed by or on behalf of the insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intermediary Name

\_\_\_\_\_  
Intermediary Code