

The Care Programme

Enrolment Form

Instructions:

1. Please download/save a copy of the form to your computer before filling up the downloaded/saved form.
2. Submit the completed form to Chubb or your Chubb Agent.

**Delete where applicable*

Important Note to the Applicant

Pursuant to Section 25(5) of the Insurance Act Chapter 142, you are to disclose in this enrolment form, fully and faithfully, all the facts you know or ought to know, otherwise the policy issued hereunder may be void and you may receive nothing from it.

We have only provided you with product information. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. Please take note that replacing an existing plan with a new one may not add value to one's insurance portfolio because:

- i) you may not be insurable at standard terms; and
- ii) you may have to pay a different premium; and
- iii) terms and conditions may differ.

Section A: Particulars of Main Insured

Full Name of Main Insured (please underline last name):

Salutation: Mr / Ms / Mrs / Mdm / Dr*	Gender: _____
NRIC / Passport No.: _____	Nationality: _____
Date of Birth (DD/MM/YYYY): _____	Marital Status: _____
Email: _____	Mobile No.: _____
Address: _____	
Postal Code _____	

Section B: Particulars of Partner

Full Name of Partner (please underline last name):

Salutation: Mr / Ms / Mrs / Mdm / Dr*	Gender: _____
NRIC / Passport No.: _____	Nationality: _____
Date of Birth (DD/MM/YYYY): _____	Marital Status: _____
Email: _____	Mobile No.: _____
Address (if different from Main Insured): _____	
Postal Code _____	

Section C: Particulars of Children

1. Full Name (please underline last name):

_____	Gender: _____
NRIC / Birth Certificate No.: _____	Date of Birth (DD/MM/YYYY): _____

2. Full Name (please underline last name):

_____	Gender: _____
NRIC / Birth Certificate No.: _____	Date of Birth (DD/MM/YYYY): _____

3. Full Name (please underline last name):

_____	Gender: _____
NRIC / Birth Certificate No.: _____	Date of Birth (DD/MM/YYYY): _____

4. Full Name (please underline last name):

_____	Gender: _____
NRIC / Birth Certificate No.: _____	Date of Birth (DD/MM/YYYY): _____

Section D: Particulars of Parents / Parents-in-law

1. Full Name of Father / Father-in-law (please underline last name): _____

Salutation: Mr / Dr*

NRIC / Passport No.: _____

Nationality: _____

Date of Birth (DD/MM/YYYY): _____

Marital Status: _____

Email: _____

Mobile No.: _____

Address (if different from Main Insured): _____

Postal Code _____

2. Full Name of Mother / Mother-in-law (please underline last name): _____

Salutation: Ms / Mrs / Mdm / Dr*

NRIC / Passport No.: _____

Nationality: _____

Date of Birth (DD/MM/YYYY): _____

Marital Status: _____

Email: _____

Mobile No.: _____

Address (if different from Main Insured): _____

Postal Code _____

Section E: Enrolment

I would like to enrol for:

MyFamily Protection

Campaign: SG _____	Premium S\$ _____ (Inclusive of 9% GST)
Level of Cover	<input type="checkbox"/> Elite + <input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> Myself Only <input type="checkbox"/> Partner Only <input type="checkbox"/> Myself & Partner <input type="checkbox"/> Myself & Family <input type="checkbox"/> Myself & Children <input type="checkbox"/> Partner & Children

Prime Personal Accident

Campaign: SG _____	Premium S\$ _____ (Inclusive of 9% GST)
Level of Cover	<input type="checkbox"/> Deluxe <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> Myself Only <input type="checkbox"/> Partner Only <input type="checkbox"/> Myself & Partner <input type="checkbox"/> One Parent / Parent-in-law Only <input type="checkbox"/> Both Parents / Parents-in-law

MyChild Protection

Campaign: SG _____	Premium S\$ _____ (Inclusive of 9% GST)
Level of Cover	<input type="checkbox"/> Supreme + <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> All Children Listed

Secure Income Protection

Campaign: SG _____	Premium S\$ _____ (Inclusive of 9% GST)
Level of Cover	<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Premier <input type="checkbox"/> Classic
Insured Person(s)	<input type="checkbox"/> Myself Only <input type="checkbox"/> Partner Only <input type="checkbox"/> Myself & Partner <input type="checkbox"/> Myself & Family <input type="checkbox"/> Myself & Children <input type="checkbox"/> Partner & Children

Elite Dental Pro

Campaign: SG _____	Premium S\$ _____ (Inclusive of 9% GST)
Insured Person(s)	<input type="checkbox"/> Myself Only

Section F: Payment Details

Frequency of Payment: Annual Monthly

Mode of Payment:

GIRO (Please complete and submit the *GIRO Application Form*)

Credit / Debit Card

For Credit / Debit Card Payment by Main Insured / Policyholder:

Card Type: Visa MasterCard

Name of Card Holder (as it appears on the card): _____

Card Expiry Date (MM/YYYY): _____

To protect your credit / debit card information, please convert your card number into encrypted text using our secured application platform.

- Step 1: Visit <https://ce-vpp.acegroup.com>
- Step 2: Enter Pin Code '900900' and submit.
- Step 3: Key in your 16-digit card number and select 'Encrypt'.
- Step 4: Indicate your encrypted value in the field below.

Card Encrypted Value:

Section G: Declaration

I, the Policyholder/Main Insured named herein warrant the truth and accuracy of the statements below in relation to myself and my family members/partner named herein and hereby declare that I/we:

- 1) am/are Singapore Citizens, Permanent Residents or holders of a valid Work Permit, Employment Pass, Long Term Visit Pass, Dependent Pass or S Pass issued by the authorities in Singapore;
- 2) have provided a Singapore address in this Enrolment Form and am/are in Singapore at the time of application;
- 3) agree that this Policy may be classified as a Singapore Policy for accounting purposes;
- 4) understand and agree that no insurance is in force until your application is accepted by Chubb and a Policy is issued;
- 5) am/are aware of and agree to abide by the Policy's term, conditions and exclusions;
- 6) am/are aware that any pre-existing medical condition(s) that I/we suffer from is not covered under this Policy;
- 7) understand and agree that if the loss falls under an exclusion, the Policy will not cover it. I/We have also been advised to read all the exclusion clauses in the Policy Wording so that I/ we am/are fully aware of the extent of my/our insurance cover;
- 8) understand that waiting periods do apply with respect to some of the insurance cover;
- 9) agree and authorise any medical source (including hospitals and clinics), insurance company or any other organisation to release to Chubb at any time any information concerning the Insured(s) if required;
- 10) understand that the Policy will be automatically renewed unless notice of cancellation is given in accordance with the Policy; and
- 11) have provided complete, true and accurate information on the Enrolment Form and that no material information has been withheld. I/We also agree that the information forms part of the contract between Chubb and the insured person(s) and am/are aware that Chubb relies and acts on the information provided to issue the Policy.

If I am purchasing this Policy on behalf of the Policyholder, I understand that Chubb will only respond to the Policyholder for policy administration requests.

I give consent and confirmed that I have obtained consent(s) of the individual(s) whose personal data is/are shared for Chubb to collect, use, disclose, and/or process my personal data or information supplied to Chubb without further notification to me, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Singapore, for the purposes stated in Chubb's Privacy Policy and Purpose Statement including administering policies taken out with Chubb, handling claims and customer services. A copy of Chubb's Privacy Policy and Purpose Statement can be found at www.chubb.com/sg-privacy.

Signature of Proposed Insured or Authorised Signatory

Date

This Policy is protected under the Policy Owner's 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 Chubb or visit the General Insurance Association or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

For Official Use Only

Date of Enrolment (DD/MM/YYYY): _____

Company Name: _____

Seller ID: _____ FA / Broker ID: _____

FA / Broker Firm (where applicable): _____

Agent / FA / Sponsor Name: _____

Remarks: _____

Chubb. Insured.TM