

Corporate Assist Application Form

www.chartisinsurance.com.sg



Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.

Proposer's Particulars	<input checked="" type="checkbox"/> Yes, we would like to enrol for Corporate Assist Plan
Name of Company: _____ Nature of Business: _____	
Address: _____	
Contact Person (Name): _____ Tel (Office): _____	
Tel (Mobile): _____ Fax: _____ Email: _____	
Total Number of Employees: _____	Effective Date of Cover (Subject to Chartis's Approval): _____

ANNUAL PLAN-Please fill in and/or tick appropriate boxes (IN BLOCK LETTERS)												
No.	Name of Employees (As it appears in Passport/NRIC)	Designation/ Classification	Date of Birth DD/MM/YY	Type of Plan			Coverage/Area				Incl. Leisure	Annual Premium (S\$)
				1	2	3	Basic		Comprehensive			
							Regl.	Int'l	Regl.	Int'l		
1.												
2.												
3.												
4.												
5.												

Claims History (Last 3 years) Please provide details on a separate sheet.

Payment – Total Premium payable: \$ _____

By cheque to: **Chartis Singapore Insurance Pte.Ltd.**
Cheque No.: _____ Bank: _____

By Credit Card:
 Mastercard Visa Amex Diners Other
Name: _____ Credit Card No.: _____ ExpiryDate: _____

I/We agree to pay the premiums according to the plan chosen and I/We hereby authorise Chartis Singapore Insurance Pte. Ltd. to charge the stated annual premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

Declaration and Authorization

It is hereby acknowledged that by signing this application form, (a) I/We declare and warrant that declarations and disclosures herein are true and shall form the basis of the contract of insurance and (b) we agree that any information collected or held by Chartis (whether contained in the application or otherwise obtained) may be used and disclosed by Chartis to its associated individuals/ companies or any independent third parties (within or outside and Singapore) for any matters relating to this application, any policy issued and to provide advice or information concerning products and services which Chartis believes may be of interest to us and to communicate with us for any purpose. (c) I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.

Name of Proposer: _____	Designation: _____
-------------------------	--------------------

Signature of Proposer & Company Stamp:

- IMPORTANT NOTE**
- 1) A minimum of 5 employees are required to enrol for the plan.
 - 2) Please note that all policies, renewal certificates, endorsement for policies carry a Premium Warranty Clause which requires the premium to be paid in full within 60 days or period of cover whichever is shorter, failing which, there would be no liability under the policy, renewal certificate, cover note and endorsements etc.
 - 3) No insurance is in force until this application is accepted by the Company.
 - 4) Policy is subjected to \$10 million coverage per conveyance.
 - 5) Maximum length of each business trip is 120 days.
 - 6) This plan is applicable for standard class 1&2 risk occupation only.

AGENT/BROKER DETAILS	
Name: _____	Code: _____
Email: _____	Tel/Hp: _____

