

Esteem Personal Accident 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 Esteem Personal Accident	
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): _____	

Details of employees to be covered in the Policy:					
No.	Name	Designation	Date of Birth	Plan Required*	Annual Premium
1.					
2.					
3.					
4.					
5.					

*Fill in 'S' for Standard, 'P' for Preferred, 'E' for Elite and 'SP' for Supreme. If space is insufficient, please attach a separate sheet.

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

Payment – Total Premium payable: \$ _____	
<input type="checkbox"/> By cheque to: Chartis Singapore Insurance Pte.Ltd. Cheque No.: _____ Bank: _____	<input type="checkbox"/> By Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> 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	1) We understand that Esteem Personal Accident is a Group Personal Accident Policy and benefits shall be payable upon occurrence of an Accident, subject to applicable terms and conditions. We understand that all pre-existing conditions are not covered.
	2) 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.
	3) 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: _____
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Signature of Proposer & Company Stamp:
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IMPORTANT NOTE

- 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.
- No insurance is in force until this application is accepted by Chartis.

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

