

Simply Home[®] Enhanced

Application Form

Important Notices

If you wish to purchase a Simply Home[®] Enhanced policy, please complete and email this form to policyapp.sg@chubb.com, or mail it back to us. Please note that sending us the completed application form does not oblige us to accept your application.

You must fully and faithfully disclose all facts which you know or should know. Otherwise, the policy may be void. Please ensure that all fields are completed.

Personal Details

Full Name (As shown in NRIC/Passport) _____

NRIC No. _____ Gender Male Female

Date of Birth _____ (DD/MM/YYYY)

Tel No. (Mobile) _____ Tel No. (Residential) _____

Insured Address _____

_____ Postal Code _____

Mailing Address (If different from Insured Address) _____

_____ Postal Code _____

Email Address _____

Preferred Plan Type

Policy Effective Date _____ (DD/MM/YYYY)

Plan Type / Payment Frequency		Monthly	Annual (10% off!)
Basic	Plan 1	<input type="checkbox"/> S\$22.72	<input type="checkbox"/> S\$245.28
	Plan 2	<input type="checkbox"/> S\$38.98	<input type="checkbox"/> S\$420.98
	Plan 3	<input type="checkbox"/> S\$44.69	<input type="checkbox"/> S\$482.70
With Add-Ons	Plan 1	<input type="checkbox"/> S\$34.83	<input type="checkbox"/> S\$390.65
	Plan 2	<input type="checkbox"/> S\$51.10	<input type="checkbox"/> S\$566.35
	Plan 3	<input type="checkbox"/> S\$56.81	<input type="checkbox"/> S\$628.07

Payment Details

I hereby authorise the payment of the current premium and renewal premiums using:

Credit Card (VISA) Credit Card (Mastercard)

Cardholder's Name _____

Credit Card Number _____

Credit Card Expiry Date _____ (MM/YY)

Cardholder's Signature
(as per Bank/Card specimen signature)

Declaration

I, the Policyholder/Insured named herein hereby warrant the truth and accuracy of the statements below in relation to myself and declare that I:

- have fully and faithfully disclose all facts which I know or should know. Otherwise, I understand the policy may be void.
- acknowledge that if this application is accepted, the contract of insurance will be subject to the terms, conditions and exclusions as set out in the policy wordings as issued or as otherwise specifically varied in writing by Chubb Insurance Singapore Limited (Chubb). Should any of the information I have provided be altered in any material way, I will give Chubb immediate written notice of the changes.
- am aware that I can seek advice from a qualified advisor before signing this application form. Should I choose not to, I shall take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.
- agree that the policy may be classified as a Singapore policy for accounting purposes.
- agree to give consent and authorisation to 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 administering policies taken out with Chubb, customer services and to allow Chubb and/or its business partners to perform marketing and related activities, until Chubb receives my written instruction to the contrary. Upon my written request, Chubb shall, without charge, cease to use my personal information for purposes other than those directly related to the Policy. A copy of Chubb's Personal Data Protection Policy can be found at www.chubb.com/sg-privacy and I am deemed to have read the same.
- will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request for access to and/or correction, or withdrawal of consent, in respect of any information supplied to Chubb, and Chubb reserves the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

Signature of Applicant

Date

Contact Us

Chubb Insurance Singapore Limited
Co Regn. No.: 199702449H
138 Market Street
#11-01 CapitaGreen
Singapore 048946
O +65 6398 8000
www.chubb.com/sg

For Official Use

Producer Details	
Name of FA Company (where applicable)	
Name of Producer	
Seller ID / Producer Code	
Ref2 Code	

Chubb. Insured.TM