

UNITED HOME PROTECTION INSURANCE APPLICATION FORM

Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

PLEASE TICK:				
Standard Plan	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D
Optional Extensions: (Please specify the amount of the property to be insured)				
Valuables	<input type="checkbox"/> (Premium rate subject to underwriting) (A) Unspecified Article(s) S\$ _____ (B) Specified Article(s) S\$ _____ (total sum insured for this cover) (Please provide the list of articles and the respective sum to be insured)			
Buildings	<input type="checkbox"/> S\$ _____ (Premium rate: S\$3.50 per S\$10,000)			
Period of Insurance: From: _____ to _____				
Total Annual Premium: S\$ _____ Plus S\$ _____ (7% GST)= S\$ _____ (including 7% GST)				

APPLICANT'S PARTICULARS			
Full name as in NRIC/Passport (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr			
Marital Status		Occupation	Race
Mailing Address			Postal Code
NRIC/ Passport Number	Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No. (Mobile Phone)	(House)	(Office)	
Email Address			

Information on the property to be insured			
1	Address of the property to be insured:		
2	What is the type of property?		
	<input type="checkbox"/> Detached	<input type="checkbox"/> Non-Detached	<input type="checkbox"/> Flats, Private apartment & Condominium <input type="checkbox"/> Others, please specify: _____
3	Does any financial institution have an interest in your property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", please state the name of the financial institution		

Insurance & Claims History

1	Have you previously been insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has any Company or Insurer	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) declined to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) required special terms to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) cancelled or refused to renew your Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) increased your premium on renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have any other similar insurance in force now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you made any claims under such similar type of insurance during the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any one of the above answers from 1 to 4 is "YES", please provide details below:-

Declaration

I hereby declare that the statements and particulars stated herein are complete and correct and that no facts have been suppressed or mis-stated. I agree that this proposal shall form the basis of the contract between me and UOI.

I am aware that I can seek advice from a qualified adviser before making a commitment to purchase the product. In the event that I choose not to seek advice from a qualified adviser, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

Applicant's Signature

Date

Mode of Payment

*This policy is subject to **Payment Before Cover Warranty**, ie. full premium payment must be made before policy inception.*

- Please charge S\$_____ (including 7% GST) to my * American Express/ MasterCard/ Visa Credit Card (*delete as appropriate)
Card No: _____
Expiry Date: _____ / _____ (mm/ yyyy) Verification Code: _____
- I enclose a cheque of S\$_____
Bank/ Cheque No: _____

Authorised Insurance Agent / Broker
