

## InsureHome – 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.

1. Plan Selection – please tick			
<b>Premium Payable (inclusive of 8% GST)</b>			
<b>Standard Plan</b>	1 Year Plan (with 5% discount)	2 – Year Plan (with 10% discount)	3 – Year Plan (with 20% discount)
Essential	<input type="checkbox"/> S\$92.34	<input type="checkbox"/> S\$174.96	<input type="checkbox"/> S\$233.28
Deluxe	<input type="checkbox"/> S\$123.12	<input type="checkbox"/> S\$233.28	<input type="checkbox"/> S\$311.04
<b>Optional Coverage</b>			
<b>Valuables</b>	<input type="checkbox"/> Anywhere within Singapore	<input type="checkbox"/> Worldwide	
	<input type="checkbox"/> (i) Unspecified article(s)	Sum insured: S\$	
	<input type="checkbox"/> (ii) Specified article(s)	Sum insured: S\$	
<i>(Premium rate is subject to underwriting. Please provide the list of articles and the respective sum insured to be insured in a separate sheet)</i>			
<b>Building excluding foundation</b>	<input type="checkbox"/> Sum Insured: S\$		
<b>Period of insurance:</b> From		To	
<b>Total premium payable</b>	S\$	Plus	8% GST
	S\$		

2. Applicant's Particulars	
<b>Name (as in NRIC/ Passport)</b>	
<b>Mailing address</b>	
	Postal code
<b>Contact number</b>	Mobile Home
<b>Email address</b>	<b>Date of Birth</b>
<b>NRIC/ Passport number</b>	
<b>Nationality</b>	<input type="checkbox"/> Singaporean/ PR <input type="checkbox"/> Others:
<b>Marital status</b>	<b>Occupation</b>

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3. Information on the Property to be insured			
<b>Property address</b>			
<b>Property type</b>	<input type="checkbox"/> Apartment/ Condominium	<input type="checkbox"/> HDB Flat	
	<input type="checkbox"/> Semi-detached/ Terrace		
<b>Occupancy</b>	<input type="checkbox"/> Owner occupied	<input type="checkbox"/> Tenant occupied	
	<input type="checkbox"/> Landlord		
<b>Does any financial institution has an interest in your property?</b>			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, with which Company and for what amount?			

**Declaration**

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

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

I/We acknowledge and agree that UOI may collect, use, disclose, transfer my/ our personal data for the Purposes stated in UOI's Privacy Notice which can be found at [www.uoi.com.sg](http://www.uoi.com.sg).

I/We also acknowledge by providing personal data relating to a third party (eg. Information of my dependent, spouse, children, parents and/or employees), I/we represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the personal data for the Purposes stated in UOI's Privacy Notice.

I/We am/are aware that UOI may disclose personal data collected to its third party service providers or agents (including lawyers/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by UOI, would be processing the personal data for UOI for one or more of the above Purposes. This may include disclosure to industry association.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Mode of payment - Please tick where applicable												
<input type="checkbox"/>	I enclose a cheque for S\$_____ (including 8% GST) payable to <b>United Overseas Insurance Limited</b> Name of Bank and Cheque Number _____											
Please charge S\$_____ (including 8% GST) to my AMEX/MasterCard/VISA Credit Card ^ (^Delete as appropriate )												
Card No												
Expiry Date			/							Name of Cardholder		
	M	M		Y	Y	Verification Code						
<input type="checkbox"/>	UOB Internet Banking**					<input type="checkbox"/>	PayNow** (PayNow ID: 197100152RU01)					
** Please quote our Policy Number as reference												