

Travel Guard Application Form

TRAVEL GUARD
CHARTIS 

www.chartisinsurance.com.sg

Insured 1

Name: _____
NRIC/PP: _____ D.O.B. _____
E-mail: _____
Address in Singapore: _____
Postal Code: _____
H: _____ HP: _____

Insured 2 (Applicable for Family Plan only)

Name: _____
NRIC/PP: _____ D.O.B. _____
E-mail: _____
Address in Singapore: _____
Postal Code: _____
H: _____ HP: _____

Number of Accompanying Children: _____ (For Family Plan, Child or Children shall mean an unmarried person or persons not older than 18 years of age or below 23 years of age if such person(s) is studying full-time or enrolled to study full-time in a recognized institution of learning or higher learning during the Policy period. For Annual Plan, each child must be the legal child of the insured adult(s). There is no limit to the number of accompanying children.)

■ Please tick (✓)

Choice of Plan	Choice of Benefit	Area
<input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan	<input type="checkbox"/> Classic <input type="checkbox"/> Superior <input type="checkbox"/> Premier	<input type="checkbox"/> Asean <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide
Per-trip: Maximum of up to 182 consecutive days per trip		Annual: Maximum of up to 90 consecutive days per trip
<input type="checkbox"/> Per Trip Furthest Destination from Singapore: _____ Length of Trip: _____ (both days inclusive) Date of Departure: _____ DD MM YYYY Date of Return: _____ DD MM YYYY		<input type="checkbox"/> Annual Effective Date: _____ DD MM YYYY Expiry Date: _____ DD MM YYYY

Total Premium Payable (No GST required)	S\$
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Mode of Payment	Card Expiry Date
<input type="checkbox"/> Cash Payment <input type="checkbox"/> NETS	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholder's Name: _____ Card Account No: _____ NB: Policy will be issued upon receipt of approval from the respective credit card company

Warranty and Declaration: The Insured Person(s) hereby warrant and declare for themselves and on behalf of all members of the travelling party as follows:

- (I) I/We are not travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
- (II) I/We are currently in good health, free from all physical impairment and deformity.
- (III) I/We understand and agree that no insurance is in force until an Application is accepted by the Company, payment received in full and a Policy is issued.
- (IV) I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- (V) I/We agree and authorise any medical source (including hospitals and clinics), insurance officer or any other organisation to release to the

Important Notice:

1. Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from the Policy.
2. Neither the brochure nor the Application Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the Policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the Policy, a copy of which is available upon request.
3. Pre-existing medical conditions are not covered by the Policy.

I/We agree that any information collected or held by the AHA (whether contained in the Application or otherwise obtained) may be used and disclosed by AHA to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AHA believes may be of interest to me/us, and to communicate with me/us for any purpose.

Signature of Insured Person or his/her Authorised Representative _____ Date _____ Producer Name _____ Producer Code _____



American Home Assurance Company Singapore Branch
CHARTIS Building 78 Shenton Way. #07-16
Singapore 079120
Tel : 6419 3000 Fax: 6835-7406

01 July 2010

Incorporated in United States with liability limited

Premium (S\$)

ASEAN	Malaysia, Indonesia, Thailand, Philippines, Myanmar, Vietnam, Cambodia, Laos, Brunei					
Length of trip (days)	Premier		Superior		Classic	
	Individual	Family	Individual	Family	Individual	Family
1 – 3	45	99	32	73	25	51
4 – 6	57	133	40	94	30	68
7 – 10	76	170	53	122	37	84
11 - 14	102	224	71	162	50	107
15 - 18	123	268	85	192	63	132
19 - 22	137	314	95	227	73	144
23 - 27	153	345	107	242	85	172
28 - 31	165	378	115	282	95	194
Each additional week	35	64	24	50	19	36
Annual Plan	NA	NA	NA	NA	NA	NA

ASIA	ASEAN, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan, India, Sri Lanka & Mongolia					
Length of trip (days)	Premier		Superior		Classic	
	Individual	Family	Individual	Family	Individual	Family
1 – 3	61	132	43	93	32	73
4 – 6	74	165	52	122	39	96
7 – 10	101	228	70	162	50	120
11 - 14	124	274	88	197	63	147
15 - 18	145	324	103	237	73	168
19 - 22	165	370	113	262	85	187
23 - 27	184	400	128	292	93	202
28 - 31	199	419	138	307	105	222
Each additional week	43	78	31	62	25	46
Annual Plan	430	830	290	530	NA	NA

WORLDWIDE	ASEAN, Asia & the rest of the world including Nepal, Tibet					
Length of trip (days)	Premier		Superior		Classic	
	Individual	Family	Individual	Family	Individual	Family
1 – 3	85	188	59	141	42	96
4 – 6	105	230	74	167	60	132
7 – 10	122	269	86	197	74	167
11 - 14	157	354	113	257	98	217
15 - 18	186	405	131	292	111	247
19 - 22	212	464	148	337	128	292
23 - 27	229	509	161	372	148	332
28 - 31	246	550	173	402	158	367
Each additional week	46	104	35	84	27	60
Annual Plan	600	999	390	690	NA	NA

Please note that Travel Guard does not cover travel to: Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan and Syria.