



UNITED OVERSEAS INSURANCE 大華保險

(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)
SINGAPORE COMPANY REGISTRATION NO: 197100152 -R

3 Anson Road #28-01 Springleaf Tower Singapore 079909
Main Line: 6222 7733 Fax: 6327 3869/6327 3872
http://www.oui.com.sg E-mail: Underwriting@oui.com.sg

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:

Plan A

Plan B

Plan C

Plan D

Optional Coverage: *(Please specify the amount of the property to be insured).*

Building

S\$ _____ *(Premium rate: S\$3.50 per S\$10,000)*

Valuables

(Premium rate subject to underwriting)

(A) Unspecified S\$ _____

(B) Specified S\$ _____ *(total sum insured for this cover)*

(Please provide the list of articles and the respective sum insured to be insured)

Period of Insurance: From : _____ to _____

Total Annual Premium: _____ Plus _____ (7% GST)= _____

Applicant's Particulars

Full name : _____

Mailing Address : _____

Postal Code _____

Contact number : Home: _____ Office _____

Mobile Phone: _____ E-mail: _____

Date of birth : _____ NRIC no.: _____

Occupation : _____ Marital Status: _____

Information on the Property to be Insured

1. Address of the property to be insured:

2. What is the type of property?

Detached

Non-Detached

Flats, Private apartment & Condominium

Others, please specify: _____

3. Does any financial institution has an interest in your property?

YES

NO

If YES, with which Company and for what amount?



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Insurance & Claims History

	YES	NO
1. Have you previously been insured?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any Company or Insurer		
(a) declined to insure you?	<input type="checkbox"/>	<input type="checkbox"/>
(b) required special terms to insure you?	<input type="checkbox"/>	<input type="checkbox"/>
(c) cancelled or refused to renew your insurance?	<input type="checkbox"/>	<input type="checkbox"/>
(d) increased your premium on renewal?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any other similar insurance in force?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you made any claims under this insurance during the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

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

Declaration

I hereby declare that the above statements and particulars 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 the Company.

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 at the time of documentation.

Please charge S\$_____ (including GST) to my * VISA/ Master Credit Card (* delete as appropriate)

Card No

Expiry date: / V-Code

I enclose a cheque for S\$_____ (including GST) payable to **United Overseas Insurance Limited**
Bank/ Cheque no: _____