



UNITED OVERSEAS INSURANCE 大華保險

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

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UNITED PERSONAL ACCIDENT 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:	Annual Premium (subject to 7% GST)
<input type="checkbox"/> Plan 1	S\$130.00 + 7% GST
<input type="checkbox"/> Plan 2	S\$300.00 + 7% GST

Applicant's Particulars

Full name : _____
 Address : _____
 Postal Code _____
 Contact number : Home: _____ Office _____
 Mobile Phone: _____ E-mail: _____
 Date of birth : _____ NRIC no.: _____
 Occupation : _____ Marital Status: _____

Questionnaires

- | 1. | Are your occupational duties | Please Tick | YES | NO |
|----|--|--------------------------|--------------------------|--------------------------|
| a) | Administrative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Supervisory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | Manual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is any machinery other than hand tools used in relation to your usual work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you engage in any activities or hobbies normally regarded as dangerous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Do you have any physical defect or have suffered from illness or disease or any injury during the past five years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has any insurer in connection with Accident, Sickness or Life insurance ever | | | |
| | (a) deferred or declined a proposal, refused renewal or terminated an insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) Required an increased premium or imposed special conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above answers from 2 to 6 is "YES", please provide details below:-
