



**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01 AXA Tower  
 Singapore 068811  
 AXA Customer Care: #01-21  
 ☎ 1800-880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6338 2522  
 🌐 www.axa.com.sg  
 Co. Reg. No. 199903512M  
 GST Reg. No. 199903512M

## SmartTraveller Application Form

Please complete the form in block capitals, giving true and complete details, and ticking (✓) the appropriate boxes.

Agency Code: \_\_\_\_\_

NAME OF INSURED PERSON(S)	GENDER	NATIONALITY	NRIC/FIN NO.	DATE OF BIRTH	PREMIUM (\$\$)
	M/F				
	M/F				
	M/F				
	M/F				

If more space is required, kindly attach a separate sheet.

Name of Policyholder: \_\_\_\_\_

NIRC/FIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

PREMIUM BEFORE DISCOUNT	
GROUP/FAMILY DISCOUNT ( if any)	
CAMPAIGN DISCOUNT ( if any)	
ADD-ONS ( if any)	
<b>TOTAL PREMIUM (No GST required)</b>	

### TRAVEL INFORMATION & PERIOD OF INSURANCE

**Single Trip:** Departure Date: DD / MM / YYYY  
 Return Date: DD / MM / YYYY No. of days: \_\_\_\_\_

**Annual Plan:** Effective date: DD / MM / YYYY

### PREFERRED PLAN

**Travel Region :**  Regional  Global  
**Benefit :**  Comprehensive  Essential

### ADD-ONS

Golf Equipment  Sports Equipment  Safety  
 Pet Care  Rental Car Excess

### PAYMENT METHOD

Please choose only **ONE** payment mode

**Cash/Nets**  
 Make your payments at our AXA Customer Centre at AXA Tower during office hours (Monday to Friday, 9.00am to 5.30pm).  
 Please do not send cash by post.

**Cheque**  
 Crossed and made payable to AXA Insurance Pte Ltd.  
 Please indicate the Policyholder's Name, Policy Number and Contact Number clearly on the back of the cheque. Please do not send post-dated cheques.

Bank: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

**Credit Card**  
**Make payment:**  
 by downloading the AXS app to make payments online from the comfort of your home anytime, any day; or  
 at AXS stations located island-wide; or  
 Please check the box below to receive a link to make your payment online.  
 I would like the payment link to be sent to the Email Address stated in this application form

In order to enhance the security of your credit card data, please note that we will no longer accept credit card authorisation forms or ask for your full card number via phone.

### IMPORTANT NOTES

- Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) or any subsequent amendments thereof, you are to disclose on this Application Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void and you will receive nothing from the Policy.
- Pre-existing medical conditions are not covered by the Policy.
- Specific terms, conditions and exclusions applicable to the insurance are set out in the Policy.

### PERSONAL DATA

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

By providing this information, I understand and give my consent for AXA Insurance Pte Ltd and their respective representatives or agents to:

- Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my or our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- Collect, use, store, transfer and/ or disclose personal data about me or us and those whose personal data I or We have provided from sources other than myself or us for the Purposes.
- Contact me or us to share information about products and services from AXA that may be of interest to me or us by post and e-mail and  
 By telephone  By fax  By text message

### DECLARATION AND WARRANTY

By submitting this Application Form, I/We, the Insured Person(s) hereby warrant and declare the following:

- I am / We are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment.
- I am / We are Singapore Citizen(s), Singapore Permanent Resident(s), Employment Pass Holder(s), Work Permit Holder(s), Student Pass Holder(s) or Dependent Pass Holder(s).
- I am / We are aware that no insurance is in force until this application is accepted by AXA Insurance Pte Ltd.
- I am / We are aware of and agree to abide by the Policy terms, conditions and exclusions.

Signed by or on behalf of the Insured Person(s)

Date (DDMMYYYY)