

HomeSafe Easy Application Form

IMPORTANT NOTICE TO THE APPLICANT(S)

- Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you have to disclose to the Insurer in this Application Form, fully and faithfully, all the facts which you know or ought to know. Otherwise the Policy issued thereafter may be void.
- All questions in this Application Form must be answered before this Application can be considered. Any questions not answered will be taken as answered in the negative.

COVER DETAILS

Period of Insurance
 From _____ To _____

Coverage
 Plan 1 Plan 2 Plan 3

PARTICULARS OF APPLICANT

Name _____ NRIC/Passport/FIN No. _____

Correspondence Address _____ Postal Code (_____)

Address of property to be insured (if different from above) _____ Postal Code (_____)

Contact Details
 (Home) _____ (Office) _____ (Mobile) _____

DECLARATION BY APPLICANT

Please declare items which exceed S\$3,000 in value and attach supporting receipts wherever possible

| Item Description | Value (S\$) |
|------------------|-------------|
| | |
| | |

**Please declare on separate page if necessary*

Do you have any other insurance (existing and/or previous) on the same property that will be insured under this application? Yes No

If yes, please provide details of any claims or losses incurred in the last 3 years:

Payment Details

| Total Annual Premium Payable (S\$) | | | |
|------------------------------------|-----------------------|-----------------------|--------------------------|
| Basic Plan (A) | *Top-up Option (B) | GST C = (A+B) x 7% | Total Premium (A+B+C) |
| | | | |

**\$2 for every S\$10,000 additional sum insured*

By Cheque Cheque No. : _____ Bank : _____

(Cheque to be made payable to AICS)

Credit Card (VISA/MasterCard)

Expiry Date : _____ / _____ (MM/YYYY) Card No.

Name of Cardholder : _____ CVV Code

Signature of Cardholder : _____

I/We hereby declare and agree to insure my/our HomeSafe Easy Insurance with Allianz Insurance Company of Singapore Pte Ltd and I/We agree to accept the Company's Policy subject to the provisions and conditions of the Policy. I/We hereby warrant that all the answers given in this Application Form are true and correct, that this Application Form and Declaration shall form part of the contract between the Company and myself/ourselves.

Signature of Applicant: _____

Date: _____

FOR OFFICIAL USE

| | | |
|-------------------|-------------------|----------------------------|
| Intermediary Name | Intermediary Code | Cover Note / Policy Number |
|-------------------|-------------------|----------------------------|