TRAVEL*Smart* Proposal Form

Pursuant to Section 25 (5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, you are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise the Policy issued hereunder may be void.

Note: Please complete all sections where applicable. This policy is subject to the Payment Before Cover Warranty Clause which requires the premium to be paid and received on or before the inception date of the policy and endorsement.

Agent Name/Code: Kelvin Tan / Z0000730

Fax to 6417 5563 or Email kelvin_RNA@yahoo.com.sg

PROPOSER'S PARTICULARS: (*Please delete as appropriate)

Name (as in NRIC/Passport): _____ (Mr/Mrs/Miss/Mdm/Dr*) Gender: M / F*

NRIC/Passport No: _____ Date of Birth: DD / MM / YY Nationality: _____

Occupation: _____ Email: _____

Address: _____

_____

Contact No.: _____ (Home) _____ (Office) _____ (Mobile) _____ (Fax)

TYPE OF COVER: (Please tick ✓)

Plan: ☐ Individual ☐ Family Benefit: ☐ Plan A ☐ Plan B Area: ☐ Area 1 ☐ Area 2

Cover: ☐ Annual ☐ Single Trip ☐ One-Way Trip _____ (Destination)

Period of Insurance:

Commences On: DD / MM / YY Expires On: DD / MM / YY (Both dates inclusive)

INSURED PERSON'S PARTICULARS (If the person is different from Proposer)

Insured Person(s)	Relationship	Gender	NRIC/ Passport No./Birth Cert No.	Date of Birth

PAYMENT MODE: (Please tick ✓)

Premium Payable: S$_____ (no GST is required)

☐ By Cash

☐ By Cheque (Made payable to OAC Insurance) No.: _____ Bank: _____

☐ By Credit Card: VISA / MasterCard*: ___/___/___/___ - ___/___/___/___ - ___/___/___/___ - ___/___/___/___ Expires On: MM / YY

Name of Cardholder: _____

NRIC/Passport No. of Cardholder: _____ Signature of Cardholder: _____

WARRANTY

The Insured Person(s) warrants that he/she is not travelling contrary to the advice of a Medical Practitioner or for the purpose of obtaining medical treatment; he/she does not anticipate any cancellation or curtailment of Trip and he/she is in good health.

DECLARATION

I/We declare that the answers given in this Proposal are true and to the best of mine/our knowledge. I/We agree that this Proposal and Declaration shall be deemed incorporated in such contract, subject to Terms and Conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Overseas Assurance Corporation Ltd.

_____ _____

Signed for and/or on behalf of the Insured Person(s) Date