

# GreatHome Multicare Proposal Form

Agent Name/Code: \_\_\_\_\_

*Statement pursuant to Section 25 (5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, you are to disclose in this application form, fully and faithfully, all the facts which you know or ought to know, in respect of the risk that is being proposed, otherwise, the policy issued hereunder may be void.*

## Proposer's Particulars (\*Please delete as appropriate)

Name as in NRIC/Passport: (Mr/Ms/Mrs/Mdm/Dr)\* \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YY

NRIC/Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_

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

Period of Insurance: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YY DD / MM / YY

## Details of Property

Location (if different from above): \_\_\_\_\_

Postal Code: \_\_\_\_\_

Type of Property:

- Bungalow  Semi-detached/Terrace  Apartment/Condominium  
 HDB/HUDC  Owner  Occupied

ADDITIONAL COVERAGE REQUIRED	SUM INSURED	RATE	PREMIUM
Buildings (including fixtures, fittings and improvements)	S\$	0.06%	S\$
Contents	S\$	0.35%	S\$

## PARTICULARS OF INSURED'S SPOUSE AND CHILDREN (FAMILY PERSONAL ACCIDENT COVER)

Name	Relationship	NRIC/ Passport No.	Date of Birth (DD/MM/YY)

OPTIONAL EXTRAS	SUM INSURED	RATE	PREMIUM
Worldwide Personal Effects Cover <i>(Applicable to contents cover taken up) Total value should not exceed 50% of Contents Sum Insured. Articles exceeding S\$2,500 must be accompanied by receipt/valuation. (Please itemise articles to be insured in the table provided below).</i>	S\$	1.25%	S\$
Pedigree Pet Insurance* • Veterinary Fees • Recovery Cost • Cremation/Burial Expense • Accidental Death	S\$750 S\$250 S\$100 S\$500	S\$75 per dog x _____ dogs	S\$

\*limit for the insured period

## DECLARATION OF CONTENTS FOR WORLDWIDE PERSONAL EFFECTS COVER

Name	Sum Insured (S\$)

## PARTICULARS OF DOG/S

*(To be completed only if Pedigree Dog Cover Extension is taken up)*

Breed/ Category	Sex	Date of Birth (DD/MM/YY)	Colour	License No.

