



Enrolment Form - Accident Plan

IMPORTANT NOTES

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

2. This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg)

Note: Please complete all sections where applicable. Kindly attach a separate piece of paper if space provided is insufficient. Insured adults (self/spouse) must be between 21-59 years to enrol.

The Plan is renewable up to age 65 for the insured adults. Insured children must be aged between 1-17 years to enrol and be accompanied by at least one parent. Pre-existing medical condition is excluded. This insurance is effective only upon acceptance of duly completed Enrolment Form by Overseas Assurance Corporation Ltd. This policy is subjected to the Premium Payment Warranty Clause which requires the premium to be paid and received on or before the inception date of the policy and endorsement.

Choice of Plan/Coverage

Name of Policy: **Hospital Accident Care**

Policy No: _____ (if applicable)

Insured: Self Spouse / Parent Child(ren) age 1-18 (extend to 25yrs)

Name of Rider: Medical Expense Rider

W.E.F: _____

Insured: Self Spouse / Parent Child(ren) age 1-18 (extend to 25yrs)

OCBC Customer's Particulars

Name: _____ Gender: M / F Date of Birth: _____
NRIC/ Passport: _____ Nationality: _____ Marital Status: _____
Address: _____

Postal Code: _____
Occupation: _____ Industry: _____ Email: _____
Contact No: (Home) _____ (Office) _____ (Mobile) _____

Spouse/Parent/Child(ren)'s Particulars

Name: _____ NRIC: _____ Nationality: _____
Date of Birth: _____ Gender: M / F Marital Status: _____
Occupation: _____ Industry: _____ Relationship: _____

Name: _____ NRIC: _____ Nationality: _____
Date of Birth: _____ Gender: M / F Marital Status: _____
Occupation: _____ Industry: _____ Relationship: _____

Name: _____ NRIC: _____ Nationality: _____
Date of Birth: _____ Gender: M / F Marital Status: _____
Occupation: _____ Industry: _____ Relationship: _____

Name: _____ NRIC: _____ Nationality: _____
Date of Birth: _____ Gender: M / F Marital Status: _____
Occupation: _____ Industry: _____ Relationship: _____

Declaration & Payment Authorisation

I declare that the person(s) to be insured is/are in good health and free of physical impairment. I also understand that the benefits will only be payable upon hospitalisation due to an accident occurring during the policy period.

Monthly Premium[#] (before GST): S\$ _____
Please charge my/our premium[#] to the following nominated card/bank account. (Please indicate your account/card no. and details)

OCBC Debit/Credit Card: exp: _____ (mm/yy)
CVV No:

- I hereby authorise OCBC Bank to process Overseas Assurance Corporation Ltd's (the Billing Organisation, B.O.) instructions to debit my account
- You are entitled to reject Overseas Assurance Corporation Ltd's debit instructions if my account does not have sufficient fund and charge me a fee for this. You may also, at your discretion, allow the debit even if this results in an overdraft of the account and charges are imposed accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my address which was last known to you upon receipt of my written verification through Overseas Assurance Corporation Ltd.

Policyholder's Signature & Date

Date and Time of Enrolment: _____
[#] Premium is subject to prevailing GST and will increase as you enter into the next age band.
* Excludes police force/ fire service/ civil defence/ C/SC/ military personal, chauffeurs, taxi/ despatch/ heavy vehicle/ delivery van drivers, security officers/ guards

For Official Use

Name of Policyowner: _____

Direct Debit Authorisation: Accepted / Rejected
(Please indicate reason for rejection)

Policy No: _____

Billing Organisation's Account No: 7339-529-025447-002

Campaign Code:

Agency Code: M1 / M2 / M6

Seller ID: _____

Name & Signature of Approving Officer