TravelSmart Premier Application Form

Statement pursuant to section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendment thereof), you are to disclose in this proposal form, fully and faithfully, all the facts which you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, you may receive nothing from the policy.

Eligibility

Name/Company Name: ____

Address:

NRIC/FIN No./UEN:

- The applicant must be a Singapore Citizen/ Singapore Permanent Resident; or foreigner with a valid Employment Pass/ Work Permit/ Dependant's Pass/Long-Term Visit Pass/ Student's Pass of at least 18 years of age at the commencement of this policy.
- For Annual Multi-Trip Policy, Insured must be at least 1 month old to 69 years old.
- For Single/ One Way Trip Policy, Insured must be at least 1 month old to 90 years old.
- Application of individual cover for child below 18 years old must be made in the name of parent or guardian. Child limits apply.

One-way Tri										
One-way Tri		Area 1			Area 2					
		Individual		Family	Individual		Family			
	ip/ 1-4	\$50		\$130	\$83		\$166			
5-7		\$67		\$175	\$105		\$230			
8-12		\$102		\$251	\$143		\$325			
13-18		\$126		\$313	\$174		\$428			
19-23		\$153		\$383	\$206		\$481			
24-28		\$167		\$443	\$238		\$574			
Additional Week		\$33		\$86	\$47	\$121				
Annua	al	\$378		\$756	\$492		\$983			
			Cla	esis		B.	neio			
Duration (Days)		Classic Area 1			Area 2	Basic Area 3				
		Individual	Family	Individual	Family	Individual	Family			
One-way Tri	ip/ 1-4	\$42	\$104	\$69	\$152	\$19	\$46			
5-7		\$58	\$138	\$89	\$191	\$26	\$65			
8-12		\$83	\$207	\$119	\$262	\$39	\$98			
13-18	3	\$104	\$258	\$152	\$319	\$55	\$137			
19-23		\$126	\$313	\$172	\$378	\$68	\$168			
24-28		\$146	\$346	\$205	\$436	\$81	\$201			
Additional Week		\$28	\$69	\$40	\$87	\$17	\$43			
Annual		\$315	\$630	\$410	- 	\$261	\$520			
Area 2		Australia, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Korea, Laos, Macau, Malaysia, Myanmar, New Zealand, Philippines, Taiwan, Thailand, Vietnam and local cruise within Singapore waters. Worldwide, including countries under Area 1.								
Area 3	3	Batam, Bintan, Malaysi	a and local cruise with	in Singapore waters.						
n Selection	(Please tic	ck only one plan type)								
n Type	☐ Elite	☐ Classic (Area 1 & Area 2)			☐ Basic (Area 3 only)					
	☐ Annual Multi-Trip Up to 90 consecutive days per Trip				☐ Annual Multi-Trip Up to 30 consecutive days per Trip					
р Туре	☐ Single	Trip Up to 182 consecutive days	s per Trip	☐ Sir	☐ Single Trip Up to 30 consecutive days per Trip					
	☐ One-Way Trip			□ Or	☐ One-Way Trip					
oe of Cover (Please tick one)			Area Type (Please ti	Area Type (Please tick one)		on(s) (List all)				
Individual Family Group		□ 1 □ 2 □ 3	□ 1 □ 2 □ 3							
	/ D									
riod of insur	ance (Boti	n dates inclusive)								
t Date:	DD/MM/YYYY			End Date:		DD/MM/YYYY				
nlicant'e Re	rticulare (E	Please tick and fill in the	details)							

_____ Contact No.: _____ (HP) ___

______ Nationality: _______ Date of Birth: _____DD/MM/YYYY ____ Gender: DM DF

_ ☐ Mr ☐ Mrs ☐ Miss ☐ Mdm ☐ Dr

_ Postal Code: ___

_____(H/O) Applicant Travelling: Yes No

Insured Person's Particulars (If the insured person is different Person)			Notionality	Data of Divida	Polotionahia
Name of Insured Person	Gender	NRIC/FIN No	Nationality	Date of Birth	Relationship
				DD/MM/YYYY DD/MM/YYYY	
				DD/MM/YYYY	
				DD/MM/YYYY	
Payment Mode (Please tick and fill in the details)					
Premium payable: \$					
By Credit Card (Visa/MasterCard only)					
I/we hereby authorise Great Eastern General Insurance Limited to charge the above	premium to the follow			clare that the cardholder has co	ensented to its use.
Credit Card No:		Exp	piry Date: M M	YYYY	
Name of cardholder:					
By Cheque: No.:					
Please make cheque payable to "GEG"					
Declaration					
By submitting this Application, I/We, the Insured Person(s) hereby	y doctors the fall	owing:			
1. I/we declare that the information given in this proposal is true	•	0	likely to influence the	e assessment and acce	eptance of this propo
have been withheld and to the best of my knowledge and be		o .		antic manatical and a D	
 I/we understand and agree that no insurance shall take effe Eastern General Insurance Limited ("GEG"). 	ect until this prop	oosal has been fully a	accepted, full payme	ent is received and a P	olicy is issued by Gi
. I/we understand and agree that the declarations and disclosi	ures herein shall	form the basis of the	Policy, and subject	to the Policy terms, cor	nditions and exclusion
 I/we declare that I am/we are in good health and I am/we are r I/we do not anticipate any circumstances which are likely to le 			edical Practitioner or	for the purpose of obta	iining medical treatm
 I/we do not anticipate any circumstances which are likely to le I/We understand and agree that pre-existing conditions are no 		*			
. I/we agree and authorise GEG to obtain and verify at its own of		*	s in the event of clair	ns.	
 I/we understand and agree that the Policy must be effected be I/we declare that I am/we are ordinarily resident in Singapore a 					way Trip).
Where the applicant(s) is/are an individual or individuals, by provisorporations (collectively, the "Companies"), as well as their respetthe Companies and all the other foregoing parties, collectively, "Geasonably required by the Companies to evaluate the proposer (any policy renewals and policy upgrades, substitutions or replace (Purposes") which is accessible from Great Eastern Singapore's (Where the proposer is not an individual nor the same person as the collectively, the "Companies"), as well as their respective represent and all the other foregoing parties, collectively, "Great Eastern Peragreed and consented to the disclosure of their personal data to the proposal and to provide the products or services which the collectively, the "Purposes") which is accessible from Great Eastern surred Individuals who are subsequently enrolled into the Policy, the such agreement and consent in relation to his/her personal data. **Marketing Consent** We' want to ensure that you fully enjoy our services and product post, digital platforms (including social media), and email. **Please indicate below if you consent to us* to also contact you for the phone-based messaging (e.g. SMS/MMS, WhatsApp, WeChell Phone-based messaging (e.g. SMS/MS, WatsApp, Wechell Phone-based messaging (e.g. SMS/MS, WatsApp, Wechell Phone-based mess	pective represent preceding represent Eastern Pess) proposal and surpresents and surpresents and surpresents and surpresents and surpresents applicant, the applicant, the the Great Eastern proposer is appearn Singapore's the proposer further pr	tatives, agents, the Corsons"), collecting, us to provide the produch other purposes at the proposer hereby core the Companies' authinsured individuals of the Persons, for purposelying for, and such owebsite and which the undertakes that it is. The companies' authinsured individuals of the Persons, for purposelying for, and such owebsite and which the undertakes that it is. The companies with the undertakes that it is in the purposes via the	companies' authorisising and/or disclosing and/or disclosing and/or disclosing and or services which is described in Great or the proposer(s) harding and represent the proposer service provious from the Policy the proposes reasonably requiter purposes as deleproposer confirms and ensure and provide and pr	ed service providers are gethe proposer(s)' pers he the proposer(s) is/and as/have read and unders and relevant third obser is applying for ("In aired by the Great Easters and unders and relevant third obser is applying for ("In aired by the Great Easters as it has read and under occure that each Insured device. We will keep in a device where the control of the co	nd relevant third participal data, for purpose applying for (include tement (collectively, erstood. its related corporation parties (the Comparisured Individuals") have ren Persons to evaluer a Privacy Statem stood, In respect of Individual has provided touch with you through
Signature of Applicant or his/her Dat	e		Agent Name:		Agent Code: