

CORPORATE TRAVEL INSURANCE APPLICATION FORM



WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

Name of Company	:	
UEN	:	
Address	:	
Telephone No.	:	
Email Address	:	
Contact Person	:	
Nature of Business	:	
Policy Period	:	

Named Basis (Please fill in the below information accordingly, attach a separate schedule if the space provided is insufficient)

No.	Name of Employee (as in NRIC/Passport. Underline Surname)	Gender	NRIC No./ Passport No.	Date of Birth	City & Country of Residence	Nationality	Classic/ Elite	Plan No.	Regional/ International	Business / Personal	Premium (SGD)
1											
2											
3											
4											
5											
Grand Total											

Headcount Basis (Please fill in the below information accordingly. Minimum of 5 headcount per policy)

No.	Number of headcount	*City & Country Residence	*Nationality	Classic/ Elite	Plan No.	Regional/ International	Premium (SGD)
1							
2							
3							
Grand Total							

* Please attach a separate schedule with the names and personal details of the frequent travelers if the nationality and country of residence is not Singapore

Claims History – Please tick accordingly.

- I / We declare that no claims were made for the last 3 years.
- I / We declare that claims were made for the last 3 years. (Please provide claim details on a separate schedule.)

Declarations:

1. I / We agree that this application form, information and declaration will form the basis of the contract of insurance and is subject to all terms and conditions in the travel policy.
2. I / We are aware of and agree to abide by the policy terms, conditions and exclusions.
3. I / We declare that I / we understand the above statement and the information provided is true to the best of my / our knowledge.
4. I / We are aware that no insurance is in force until this application is accepted by Aviva Ltd.
5. I / We are not travelling contrary to the advice of a Doctor, or for the purpose of obtaining medical treatment.
6. I / We hereby declare that we have read and understood the Personal Data Protection Compliance Undertaking (For Corporate Prospect/Policyholder) and agreed to be bound by it. You may request for a copy of the Personal Data Protection Compliance Undertaking (For Corporate Prospect/Policyholder) from us or view it at <http://www.aviva.com.sg/pdpa.html>.

Date : _____

Company stamp : _____

Name & Signature of authorized signatory : _____

Representative's code & name:

Name of firm:

Contact number (Office and Mobile):

Email address: