

Application Form

SmartPA Protect+

IMPORTANT NOTES

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- This is not a Medisave-approved product and you may not use Medisave to pay the premium for this policy.

PART I – Details of Insured Person(s)

Full Name		NRIC/FIN	Nationality	Date of Birth (dd/mm/yyyy)	Gender	Marital Status	Occupation	Job Title
Policyholder/ Main Insured	Surname: Given Name:				M / F		<input type="checkbox"/> Non-Manual <input type="checkbox"/> Manual	
Spouse	Surname: Given Name:				M / F		<input type="checkbox"/> Non-Manual <input type="checkbox"/> Manual	
Child 1	Surname: Given Name:				M / F			
Child 2	Surname: Given Name:				M / F			
Child 3	Surname: Given Name:				M / F			
Child 4	Surname: Given Name:				M / F			
Child 5	Surname: Given Name:				M / F			

***Notes:**

- Proposal for child(ren) must include at least one parent.
- Details of child(ren) are only required for the 30% Top-Up Child Cover.

PART II – Contact Details of Policyholder

Mailing Address:	Postal Code:	Email :
		Mobile No. :

PART III – Details of Insurance

Period of Insurance : 1 year from _____ (dd/mm/yyyy)

Per Person (inclusive of GST)		Silver	Gold	Platinum
<input type="checkbox"/> Main Insured <input type="checkbox"/> Spouse	Core Pack	<input type="checkbox"/> Non-manual : \$215.30 <input type="checkbox"/> Manual : \$340.30	<input type="checkbox"/> Non-manual : \$476.00 <input type="checkbox"/> Manual : \$812.30	<input type="checkbox"/> Non-manual : \$1,871.40 <input type="checkbox"/> Manual : \$2,581.20
	Add-on Pack	<input type="checkbox"/> Non-manual : \$81.80 <input type="checkbox"/> Manual : \$142.00	<input type="checkbox"/> Non-manual : \$166.70 <input type="checkbox"/> Manual : \$284.00	<input type="checkbox"/> Non-manual : \$655.80 <input type="checkbox"/> Manual : \$903.40
<input type="checkbox"/> 30% Top Up Child Cover No. of Child(ren): _____	Core Pack	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$171.20	<input type="checkbox"/> \$487.30
	Add-on Pack	<input type="checkbox"/> \$19.70	<input type="checkbox"/> \$51.30	<input type="checkbox"/> \$131.90

***Notes:** Both adults and child(ren) must be covered under the same plan.

Total Premium : _____
 10% Family Discount (if any) : _____
 Campaign Discount (if any) : _____
 Total Premium after Discounts : _____
 GST : _____
 Total Premium Payable : _____

PART IV - Personal Data

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

By providing this information, I understand and give my consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:

- a. Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling HSBC Life to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my relationship and policy(ies) with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at www.hsbc.life.com.sg ("Purposes").
- b. Collect, use store, transfer and/ or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- c. Contact me to share with me information about products and services from HSBC Life that may be of interest to me by post and e-mail and

By telephone

By fax

By text message

PART V – Declaration

1. I/We confirm that the above information are true, I/We have read the Policy Wordings and declare that:

- (a) I am/We are Singapore citizen(s), Singapore PR(s) or holder(s) of valid employment pass(es), work permit(s) or dependant/student pass(es) and residing in Singapore.
- (b) I/We understand that this is a personal accident policy and benefits will only be payable when an Accident occurs.
- (c) I/We are not aware of any circumstance which is likely to lead to a claim under this policy at the point of this application.
- (d) I/We have not made any claims for bodily injury or had been declined or accepted on special terms under a similar personal accident insurance in the last two (2) years.
- (e) I/We accept that the policy will not pay for any injury which arises from high risk occupations and activities that are listed in the Policy Wordings.
- (f) I/We understand that if I/We am/are covered under more than one (1) SmartPA Protect+ policy, HSBC Life will only pay from the policy with the highest benefit.

2. Declaration on US Persons

Due to US insurance regulatory requirements, you are not to enter the US or any territory subject to US jurisdiction at the time of considering or deciding relevant matters on the insurance product, otherwise the request effected hereunder may be void.

By submitting this form, you confirm that you are in compliance with US laws and regulations and other laws having extra-territorial effect:

- i. you are not physically present in the US when executing the policy servicing request(s);
- ii. you are aware of and understand the policy servicing restrictions applicable to any and all persons residing temporarily or permanently in the US;
- iii. you will inform HSBC Life (Singapore) Pte. Ltd. should you decide to reside in the US either temporarily or permanently.

Compliance with US laws and regulations and other laws having extra-territorial effect:

- I/We am/are not physically present in the US when executing the policy servicing request(s);
- I/We am/are aware of and understand the policy servicing restrictions* applicable to any and all persons residing temporarily or permanently in the US; and
- I/We will inform HSBC Life (Singapore) Pte. Ltd. should I/we decide to reside in the US either temporarily or permanently.

Signature of Policyholder (for and on behalf of all persons to be insured)

Date (dd/mm/yyyy)

PART VI – Payment Mode

You may make payment:

- by downloading the AXS app to make payments online from the comfort of your home anytime, any day; or
- at AXS stations located island-wide; or
- Please check the box below to receive a link to make your payment online.
 - I would like the payment link to be sent to the Email Address stated in this application form

In order to enhance the security of your credit card data, please note that we will no longer accept credit card authorisation forms or ask for your full card number via phone.

Name of Intermediary:	Intermediary Code:
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This product 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 your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

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