

AA RoadSure Plus application form

Statement pursuant to the Insurance Act (Cap. 412)

Failure by you to disclose fully and faithfully in this form all the facts which you know or ought to know may mean that the policy issued is void and you may receive nothing from the policy.

To: HSBC Insurance (Singapore) Pte. Limited

Yes. I/We wish to apply for AA Roadsure.

Insured Person

(must be at least 18 years and a Singaporean Resident/PR/Work Permit Holder)

Name (Dr/Mr/Mdm/Ms) _____

Address in Singapore _____

Postal code

NRIC/PP no. _____ Gender M F

Date of birth / / Nationality _____

Marital status _____ E-mail _____

Mobile no. _____ Home _____ Office _____

Other Insured Person/s

(if more person/s besides the individual are to be covered)

1. Name _____

Spouse Adult

NRIC/PP no. _____ Date of birth / /

2. Name _____

Child

NRIC/PP no. _____ Date of birth / /

3. Name _____

Child

NRIC/PP no. _____ Date of birth / /

4. Name _____

Child

NRIC/PP no. _____ Date of birth / /

Type of plan/cover⁺

Please tick the appropriate boxes.

Premium Rates (S\$) AA members Non - AA members

<input type="checkbox"/> Individual	88	98
<input type="checkbox"/> Couple	145	160
<input type="checkbox"/> Family	163	180

Annual cover

Territory Asia Effective date of cover / /

⁺ Parent and Child/ren/Family Plan Child, under this Plan, must be 18 year old or below (or 23 years old, if full-time student) and must be accompanied by their parents on trip.

ASEAN refers to Malaysia, Indonesia, Thailand, Philippines, Myanmar, Brunei, Vietnam, Laos & Cambodia.

Asia refers to ASEAN plus Australia, New Zealand, China, Hong Kong, India, Japan, Macau, South Korea and Taiwan.

Each trip shall not exceed 90 days regardless of the plan or cover applied for.

Payment instructions

Insurance coverage is effected on the effective date of cover, assuming payment details are accurately stated and HSBC Insurance is successfully credited with payment.

I/We hereby instruct HSBC Insurance to debit my/our credit card

Visa MasterCard

Account no. _____ Expiry date _____ / _____
or

Attached cheque no. _____

for premium due S\$ _____

Name of Bank _____

made payable to "HSBC Insurance (Singapore) Pte. Limited" with my/our names and NRIC no. written on the back of the cheque.

Name of payer, if different from Insured Person

Name (Dr/Mr/Mdm/Ms) _____

NRIC/PP no. _____ Date of birth / /

Mobile no. _____ Home/Office _____

Declaration and authorisation

I/We warrant that I/We have not been previously declined for similar class of insurance cover by HSBC Insurance or any other insurance companies.

Further, I/We declare that:

- (a) I/We am/are within the eligible age of coverage, and am/are Singapore resident/s, Singapore PR or Work Permit Holder/s;
- (b) I/We am/are fit to travel, am/are in good health and am/are not travelling contrary to the advice of a medical practitioner, or for the purpose of obtaining medical treatment.
- (c) I/We am/are not travelling against any travel advice announced, distributed, or otherwise communicated by the Singapore Government and/or the government of other countries or territories whether relating to actual or threatened riots, strike or civil commotion, war or warlike situations, health threatening situations, impending natural disasters or events of similar nature. If I/we proceed to travel to any such country or territory despite such advice having been announced, distributed or otherwise communicated prior to the commencement of my/our Trip (regardless whether I/we had actual notice of the advice), I/we accept that I/we may not be covered for any direct or indirect losses or claims arising or resulting from such events from the date of the advice UNLESS the Trip had commenced prior to the advice being announced, distributed or otherwise communicated (with the exception of war which remains a policy exclusion); and
- (d) I/we agree that information will be used, stored, transferred to or exchanged with such persons (whether situated within or outside of Singapore) that HSBC may consider necessary, including any member of the HSBC Group for any purpose in connection with promoting, improving and furthering the provision of financial services to me/us and/or for other purposes. I/we agree that where HSBC considers necessary or appropriate, it may transfer data, details or information to any appointed service provider (whether situated in or outside Singapore), under conditions of confidentiality imposed on such service providers, for the purpose of data processing or providing any service on HSBC's behalf. The appointed service providers may be required by law to disclose information received from HSBC to third parties. Such circumstances include the service provider being compelled to disclose information pursuant to a court order, police investigations and criminal prosecutions for tax evasion or other offences.

Insured Person's Name and Signature, on behalf of any one else applying for this cover.

Name _____ Signature _____

Date of application _____

For official use:

To credit HSBC Insurance (Singapore) Pte. Limited account no.7232-141-043109-004
Proposer's ref no. _____ Account to be debited
Referred by _____ Name of branch staff