



**MSIG Insurance (Singapore) Pte. Ltd.**  
 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
 Tel: (65) 6827 7848 Fax: (65) 6827 7805  
 Co. Reg. No. 200412212G

## APPLICATION FORM BizShield Value Insurance

The Insurance Act: On this Application Form, you are required to disclose fully and faithfully all the facts which you know, or ought to know, in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

**Yes, I want to apply for BizShield Value Insurance**

\*Delete as applicable

### THE PROPOSER

**Name of Company/Sole Proprietor/Partnership\* :**

\_\_\_\_\_

**Mailing Address :** \_\_\_\_\_

\_\_\_\_\_ **Postal Code :** \_\_\_\_\_

**Insured Location :** \_\_\_\_\_

\_\_\_\_\_ **Postal Code :** \_\_\_\_\_

**Please tick here if you operate from home/residential property**

(Note: If there is more than one Insured Location, please submit separate applications unless the insured units are adjoining.)

**Contact Person :**

\_\_\_\_\_

**Telephone (HP) :**

□ □ □ □ □ □ □ □ □ □

**Office :**

□ □ □ □ □ □ □ □ □ □

**Nature of Business :** \_\_\_\_\_

\_\_\_\_\_

**Registration No./Unique Entity No.\* :** \_\_\_\_\_

### OTHER INFORMATION

Please provide details of one business owner or director (age between 18 and 70) to be insured under Personal Accident Section:

**Name of Insured Person :**

\_\_\_\_\_

**NRIC/Passport No.\* :** \_\_\_\_\_

**Date of Birth :** □ □ □ □ □ □ □ □ □ □  
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## DECLARATION

I/We\* declare that:

1. I/We\* hereby apply for the BizShield Value Insurance Policy underwritten by MSIG Insurance (Singapore) Pte. Ltd. ("MSIG").
2. The person proposed to be insured under Personal Accident section is 70 years old or below, in good health and does not have any physical infirmity whatsoever.
3. I/We\* am/are\* aware that the cover for the Insured Person under the Personal Accident section will terminate when he/she resides or intends to reside outside of Singapore for more than 6 consecutive months.
4. No claim has been made by me/us\* during the last three years for loss or damage in respect of the risks now being proposed to be insured; nor have I/We\* been refused insurance cover and/or had additional terms imposed by any insurance company.
5. I/We\* agree to accept the insurance as specified in the Policy and that this Application and Declaration is the basis of the contract between me/us\* and MSIG. I/We\* understand this Application will be subject to acceptance by MSIG before cover can be granted.

\_\_\_\_\_  
Signature of Authorised Signatory(ies)

\_\_\_\_\_  
Date

*Note: This is not a contract of insurance. Full details of the terms, conditions and exclusions of this insurance are provided in the BizShield Value Policy and will be sent to you upon acceptance of your application by MSIG.*

### For Bank Use

Attended / Verified by:		Debit Date for the first year's premium:
Signature Specimen No.:		
Branch:		MSIG Bank Account: <b>003-900280-7</b>

## BIZSHIELD VALUE INSURANCE – PAYMENT INSTRUCTIONS

\*Delete as applicable

### DEBIT AUTHORISATION FORM (in respect of payment for first year's premium)

#### To: DBS Bank Ltd ("DBS")

1. I/We\* hereby authorise DBS to debit my/our\*  
bank account no. \_\_\_\_\_  
for premium amount of **SGD 74.90** and credit MSIG Insurance (Singapore) Pte. Ltd. ("MSIG") in connection with this Application.
2. I/We\* authorise DBS to disclose any information relating to my/our account(s) with DBS to MSIG and/or such other third party which DBS deems necessary for the purpose of this Application.
3. I/We\* understand that the Authorised Signatory(ies) for the DEBIT AUTHORISATION and DECLARATION sections herein are duly authorised to act on my/our behalf and refer to my/our current authorised signatories as found in DBS records.

#### Signature(s) of Authorised Signatory(ies)

1. \_\_\_\_\_

2. \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_