

CARDCARE PROTECTOR ONLINE APPLICATION FORM

Applicable to existing DBS/POSB Principal Cardholders only. Applicants must be 55 years of age and below.

Please complete this application form and you may choose to: **MAIL to:** DBS Bank Ltd, DBS Cards Services, Orchard P.O. Box 360, Singapore 912312, Or **FAX to:** (+65) 6782 1063

YES! I want to enrol for CardCare Protector for <u>ALL</u> my <u>existing</u> DBS/POSB Credit Card(s) and enjoy comprehensive coverage at a low premium of S\$0.58 per month for every S\$100 of my monthly outstanding Credit Card account balance*.

I agree and acknowledge that there are situations under which no benefits will be payable to me, which include but are not limited to pre-existing conditions, suicide or war.

1. PRINCIPAL CARDHOLDER'S DETAILS					
Name as in NRIC/Passport (underline surname):	🗆 Dr.	□ Mr	□ Mrs	□ Miss	□ Mdm
NRIC/Passport Number: Date of Birth: / /	(dd/mm/yy	 /yy)			
Home: 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	6			Mobile:	
(Please provide at least 1 contact number)					
DBS/POSB Credit Card Account No.: (If you hold more that	n one princip	- al Credit Ca	ard, please (rovide any o	ne Credit Card number)
2. DECLARATION (Please read before signi	ng)				
	-				

Pursuant to Section 25(5) of the Insurance Act (CAP. 142), I agree to disclose fully and faithfully, all facts that I know or ought to know, otherwise the policy issued hereunder may be void.

I agree that:

- a) CardCare Protector is underwritten by Manulife, under Group Policy No. MD00000002. This Policy is not obligation of, deposit in or guaranteed by DBS.
- b) I authorise DBS to disclose my personal data to the Insurer for the purposes of my application hereunder and the Insurer underwriting, assessing and processing my claims under the Policies or for matters relating to the Policies.
- c) This is not a contract of insurance. I agree to the terms, conditions and exclusions of this insurance, the full details of which are provided in the Certificate of Insurance (COI) in respect of the Policies to be sent to me upon approval of my application herein. I understand that I may cancel the policy issued by giving written notice to DBS within fourteen (14) days from the date after the receipt of the COI, in which case a refund of the premium received by DBS shall be made without interest. The refund will be made after the original COI is received for cancellation. If the COI is sent by post, it shall be deemed to have been delivered within seven (7) days after posting.
- d) With reference to payments under this policy for accidental death, only half of the benefits payable by the insurer under the Policies will be paid to DBS with the remainder being paid to my legal representative. This is product information provided to me and does not have regard to the specific investment objectives, financial situation and the particular needs of any specific person. I should seek advice from a financial adviser before purchasing the product. In the event that I choose not to seek advice from a financial adviser, I should consider whether this product is suitable for me and I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives. Buying a life insurance policy is a long-term commitment. Buying health insurance products that are not suitable for me may impact on my ability to finance my future healthcare needs.



Principal Cardholder's Signature and Date

* Your CardCare Protector premium will be calculated based on the outstanding balance of each Credit Card, including any Supplementary Card(s). Note: The Certificate of Insurance will be mailed to your mailing address as per existing record with the Bank.

This policy 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 Manulife (Singapore) Pte. Ltd. or visit the Life Insurance Association or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

3. FOR BANK'S USE ONLY					
Attended & Verified by:	Checked by:				

SINGAPORE 912312 (Attn: CardCare Protector)

հովիկեկոկովիկով

DBS BANK LTD DBS CARDS SERVICES ORCHARD P.O. BOX 360

BUSINESS REPLY SERVICE PERMIT NO. 04930

Please fold here _ _ _ _

Postage will be paid by addressee. For posting in Singapore only.