Corporate Assist
Application Form

www.chartisinsurance.com.sg

CHARTIS

ELIGIBILITY – For Standard Class 1 & 2 risk occupation only

Name of Company: _____ Nature of Business: _____

Address: _____

Contact Person 1 (Name): _____

Tel: _____ Fax: _____ Email: _____

Contact Person 2 (Name): _____

Tel: _____ Fax: _____ Email: _____

☑ ANNUAL PLAN – Please fill in and/or tick appropriate boxes (IN BLOCK LETTERS)

Name of Employees (As it appears in Passport/NRIC)	Designation/ Classification	Date of Birth DD/MM/YY	Type of Plan			Coverage/Area				Incl. Leisure	Annual Premium (S$)
						Basic		Comprehensive			
			1	2	3	Regl.	Int'l	Regl.	Int'l		
										Grand Total	

Please indicate preferred commencement date for the Annual Plan: _____ (subject to approval of this application and cannot precede the application date).

Please note: 1) A minimum of 2 employees to enrol for annual plan.
2) Policy subjected to $10million per conveyance.

❑ AD-HOC PLAN (additional to Annual Plan)

A minimum of S$300 (non-refundable) will be automatically charged and 5 travel cards will be issued.

PAYMENT

Total Premium payable:

❑ By cheque to:

American Home Assurance Company, Singapore

Cheque No.: _____

Bank: _____

❑ By Credit Card:

❑ Mastercard ❑ Visa ❑ Amex ❑ Other

Name: _____

Credit Card No.: _____ Expiry Date: _____

Declaration

It is hereby acknowledged that by signing this application form, (a) I/We declare and warrant that the declarations and disclosures herein are true and shall form the basis of the contract of insurance and (b) I/We hereby declare and agree on behalf of myself/ourselves and any person(s), firm or corporation, that any information collected or held by American Home Assurance Company, Singapore ("the company") (whether contained in this application or otherwise obtained) may be used by the Company, its associated individuals/companies or any independent parties (within or outside Singapore) for any matters related to this application, any Parties issued and to provide advice or information concerning products and services which the Company believes may be of interest to me/us, and to communicate with me/us for any purposes.

_____ _____
Applicant's Name Designation

_____ _____
Company Stamp & Authorised Signature Date

Important Notice

1) Statement pursuant to the insurance Act or any amendments thereof: You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.

2) Neither the brochure nor the Application Form is a contact of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the Policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the Policy, a copy of which is available upon request.

AGENT/BROKER DETAILS

Name:

Code:

Email:

Tel./Hp:

CHARTIS Building, 78 Shenton Way #07-16 Singapore 079120
T (65) 6419 3000 F (65) 6415 7131 W www.chartisinsurance.com.sg
Underwritten by: American Home Assurance Company, Singapore Branch
Incorporated in the United States with liability limited.

U0209010