

## ENHANCED FOREIGN WORKER MEDICAL INSURANCE APPLICATION FORM

### Important Notice to the Proposer

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142) (or any subsequent amendments thereof) – You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed, otherwise the policy issued hereafter may be void.

Agent / Broker		Code	
<b>Particulars of Proposer:</b>			
Name of Company:			
Nature of Business:			
Address:			
Contact Person (Authorized Officer):			
Email:	Office:	Mobile:	
Company's CPF Account Number:			
Number of Foreign Worker(s) to be covered: (Name list as per attached)			
<b>Period of Insurance:</b>			
From:		To:	
<b>Claims Experience:</b>			
Period of Insurance:		Total Claim Amount (S\$):	
Period of Insurance:		Total Claim Amount (S\$):	
<b>Declaration:</b>			
<p>We do hereby declare and warrant that the answers / information given above in every aspect are true and correct and we have not withheld any information likely to affect the acceptance of this proposal and we agree that this application and declaration shall be the basis of contract between the Company and us and we further agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.</p>			
Signature of Authorised Officer / Company Stamp			Date
Name :			
Designation :			
NRIC No. :			

Particulars of Insured Workers			
S/No.	Name	Date of Birth	WP or S Pass No.
1.			
2.			
3.			
4.			
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