

Travel Guard® Application Form



Primary Insured Details

Full Name (as per NRIC/Passport): _____

NRIC/Passport No: _____ Date of Birth: _____
D D M M Y Y Y Y

Address in Singapore: _____ Postal Code: _____

Telephone: _____ Mobile Phone: _____

Email: _____

Insured 2 (ONLY applicable for Family Plan)

Full Name (as per NRIC/Passport): _____

NRIC/Passport No: _____ Date of Birth: _____
D D M M Y Y Y Y

Address in Singapore: _____ Postal Code: _____

Telephone: _____ Mobile Phone: _____

Email: _____

Number of Accompanying Children: _____

(A Child or Children shall mean an unmarried person or persons not older than 18 years of age or below 23 years of age if enrolled for full-time study in a recognised institution of learning or higher learning during the Policy period. For Family Per trip Plan, the Child must be legally related to either of the 2 insured adults and unemployed. For the Family Annual Multi-Trip Plan, the Child must be the natural or legally adopted Child of the 2 insured adults who are legally married to each other and the Child must be dependent on either or both of them for financial support and travelling with one or both of them for the entire Trip.)

Choice of Plan

Individual Plan Family Plan

Choice of Cover

Classic Superior Premier

Zone of Travel

Zone 1 Zone 2 Zone 3

Per Trip Plan (Maximum of up to 182 consecutive days per trip)

Furthest Country Destination: _____ Length of Trip (both days inclusive): _____

Depart from Singapore: _____ Arrive in Singapore: _____
D D M M Y Y Y Y D D M M Y Y Y Y

Annual Plan (Maximum of up to 90 consecutive days per trip)

Effective Date: _____ Expiry Date: _____
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Total Premium Payable (No GST Required): **S\$** _____