



Medical Refund Protector Application Form

THE INSURANCE ACT : In 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.

Details of Main Applicant and Insured Person(s)

Name : _____ NRIC No : _____
 Date of Birth : _____ Sex : _____ Marital Status : _____
 Address : _____ S (_____)
 Email Address : _____
 Tel : _____ (H) _____ (O) _____ (Hp/Pgr)
 Occupation : _____ Employer : _____

Full Name of Insured Person(s)	Relationship to Main Applicant	NRIC / Passport No	Date of Birth	Gender	Occupation

Payment Options

Annual Payment Option
 VISA/MasterCard
 Standard Chartered Bank Account
 Cheque (Enclosed cheque no. _____)

Monthly Payment Option
 VISA/MasterCard
 Standard Chartered Bank Account

Plan Type
 Plan 1 Plan 2

Payment Authorisation

I/We hereby authorise Standard Chartered Bank ("the Bank") to debit from my/our Bank Account or charge to my/our VISA/MasterCard Card Account with the bank specified below for the premium including unpaid premium, if any, under my/our Medical Refund Protector with MSIG Insurance (Singapore) Pte. Ltd. This authorisation will remain in force until terminated by my/our written notice.

VISA / MasterCard Card Account _____ - _____ - _____ - _____
 Card Expiry ____/____ (mm/yyyy) Issuing Bank _____

Standard Chartered Bank Savings / Current / Cheque and Save Account _____

I/We agree that the Bank

- will be under no obligation to effect payment if my/our account does not have sufficient funds and charge me/us a fee for this.
- may also at its discretion allow the debit even if this results in an overdraft/increase of the overdraft on the account and impose charges accordingly.
- will be under no liability to me/us if for any reason it fails to comply with this direct debit authorisation.

Declaration

- I/We are now in good health and free from physical impairment or deformity. (If not, please give full particulars on a separate sheet.)
- I/We am/are aware that I/We can seek advice from a qualified advisor before I/We sign this Application Form. Should I/We choose not to, I/We take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
- I/We agree that this Application Form and other information declared shall form the basis of the contract and I/we understand that this coverage will take effect the day after my/our Application Form is received and accepted by MSIG Insurance (Singapore) Pte. Ltd. in writing. This insurance is automatically renewed each month or each year unless a written termination notice is given by me/us or by MSIG Insurance (Singapore) Pte. Ltd. at least 30 days before the intended date of cancellation.

Signature of Applicant (for and on behalf of all persons to be insured) _____ Date _____
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