

Aviva General Insurance Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
GST Reg No MR-8500166-8
Enquiry Hotline : (65) 6827 7605



CREDIT PROTECTOR PLAN APPLICATION FORM

THE INSURANCE ACT: In this application form, you are required to disclose fully and faithfully all 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 and you may receive nothing from the policy.

**Please fax your completed form to 6827 7807
or call Aviva at 6827 7605 for enquiries**

Yes, I wish to insure at 35¢ per \$100 of my monthly outstanding debit balance on my Standard Chartered Personal Credit Account.

My Personal Details

Name of Applicant (as in NRIC/Passport): _____

NRIC No : _____ Date of Birth : ____/____/____ Sex: _____ Marital Status: _____

Address : _____

_____ S(_____)

Tel : _____ (H) _____ (O) _____ (Hp)

Occupation : _____ Industry : _____

Please insure the monthly closing debit balance in my Standard Chartered Personal Credit Account No:

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Declaration

I declare that I am below 60 years old, in good health and free from physical impairment or deformity (if not please give full details on a separate sheet).

I agree to be bound by the terms and conditions of the policy to be issued and I understand that this application will be subject to approval and acceptance by Aviva General Insurance Pte. Ltd.

Signature : _____ Date : _____

Note: All prices quoted are in Singapore dollars and inclusive of 4% GST

Upon acceptance of the application, you will receive a Certificate of Insurance containing the details of the terms and conditions to the Policy. Please read them carefully.