

## i~home Application Form

Pursuant to Section 25(5) of the Insurance ACT (CAP. 142) and any replacement thereof, you are to disclose in this Application Form, fully and faithfully, all the facts which you know or ought to know otherwise the policy issued hereunder may be void.

A. POLICYHOLDER DETAILS			
Name of Policyholder			
Mailing Address			
NRIC / FIN / Passport No.		Date of Birth	Email
Contact No.	Home	Mobile	
B. INSURED HOME DETAILS			
Location Address			
Type of Dwelling	Choose an item.		
Is the property on financing?	Choose an item.	Mortgagor/Finance Company	
C. LIMITS AND COVERAGE REQUIRED			
Coverage	Limits (SGD)		
Fixtures, Fittings and Renovation			
Household Contents			
Building			
Personal Effects			
Category (Declaration by Item. To attach invoice.)	Description	Limits (SGD)	
1. Choose an item.			
2. Choose an item.			
3. Choose an item.			
Complimentary Coverage			
Personal Accident Accidental death and permanent disablement within the insured premise		\$25,000.00	
Personal Effects on Worldwide		\$1,000.00	
Alternative Accommodation and/or Loss of Rent		\$5,000 per month / up to \$15,000 in aggregate	
Hospitalized Inconvenience Fee		\$50 per day, up to max of \$200	
Replacement of locks and keys following a break-in		\$1,000.00	
Accidental Death of Pedigree Pets		\$500.00	
Damage or Loss to Home Contents in the course of removal by professional movers/packers		\$5,000.00	
Damage or Loss of refrigerated food and drinks resulting from breakdown or explosion of refrigeration unit or the failure of electricity supply (excess of S\$50 on each and every claim)		\$500.00	
Fire Extinguishment Expenses		\$3,000.00	
Property Owner Liability / Occupier's Liability / Worldwide Personal and Family Liability		\$1,000,000.00	
D. PREMIUM PAYMENT			
Effective		Expiry	

### E. PREMIUM PAYMENT

I enclose my cheque no. for S\$ \_\_\_\_\_ payable to "INDIA INTERNATIONAL INSURANCE PTE LTD."

Please charge S\$ \_\_\_\_\_ to my Visa/MasterCard Credit Card\* no

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Name of Bank \_\_\_\_\_

Expiry Date

	m		m		/		y		y		y		y	
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Name appear on Card \_\_\_\_\_

*\*Note: Credit card payment is acceptable for personal application only*

This credit card  belongs to the Insured  belongs to someone other than the Insured. Please state relationship to Insured

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

### F. PRODUCTS AND PROMOTIONS INFORMATION (Please tick one box)

- Yes, I agree to receive updates from INDIA International Insurance Pte Ltd (hereinafter referred to as 'III' on insurance products and promotions via SMS and/or phone calls and/or email.
- No, I do not wish to receive updates from III on insurance products and promotions via SMS and/or phone calls and/or email.

### G. DECLARATION

About the Property to be Insured:

- Is the premise used as a worker's living quarters or storage of goods or the like?
- Do you have more than one policy arranged for this premise?
- Do you have any incurred/reported claims for similar insurance policies within the past 3 years?
- Is the premise currently unoccupied for more than 60 days?
- Have you been declined of the same insurance policy/coverage by any other company?
- Is the building constructed of brick, stone or concrete and roofed with concrete slate tiles and/or other incombustible materials?

I want to effect the insurance specified here and I declare and understood that:

- The statements and particulars provided in this Application are complete and true and that no facts have been suppressed or misstated.
- I have agreed to accept the terms, conditions and exclusions contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- This Application will be subject to the approval and acceptance by III and the premium fully paid and received by III before cover can be effected.
- understand and accept that my personal particulars will be collected, used and disclosed by III in accordance with the Personal Data Protection Act 2012 and III's Privacy Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. III may disclose my personal particulars to its business partners and third party service providers for these purposes. III may also send me marketing mailers by post or emails. Where there are more than one individual insured persons, I confirm they have consented III's collection, use and disclosure of their personal particulars. The full III's Privacy Policy can be found at [www.iii.com.sg](http://www.iii.com.sg).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker Stamp

*This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation. For more information on the scheme, please visit [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg).*