

PARTICULARS OF THE INSURED

CORPORATE TRAVELPLUS PROPOSAL FORM

Website

Allied World Assurance Company, Ltd. 60 Anson Road #08-01 Mapletree Anson Singapore 079914
UEN: T09FC0142D

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Pursuant to Section 25 (5) of the Insurance Act (Cap 142), you are to disclose in the proposal form, fully and faithfully all the facts, which you know or ought to know; otherwise the policy issued hereunder may be void.

Name of Company (The Insured) : Correspondence Address **UEN Number:** Nature of Business Contact Person Name Contact Number **Email Address** Fax Number Policy Period (dd/mm/yy) Note: - For coverage of 5 or more persons, Name, ID number & DOB Declaration is optional. Declaration on number of employees in the respective job classification is required - Please refer to Allied World for coverage on employees whose employment is outside Singapore Insured Name / Number of Employee NRIC /Employment Number Designation / Job Classification Travel Region (Regional/ International) Country/ City of Residence Leisure Trip Annual (dd/mm/yy) Extension (Y/N) (Please attach another proposal form if the space provided is insufficient) **Grand Total**

SECTION 5: DECLARATION

On behalf of all proposed applicants:

- 1. I/We declare and warrant that:
 - a) all answers given in this Application and all other information supplied in connection with this Application are true, correct and accurate in every respect;
 - b) all material factors affecting an insurer's assessment of the risks have been disclosed to Allied World Assurance Company, Ltd (Singapore Branch) (the "Company" or "Allied World");
 - c) no material fact has been omitted, misstated or suppressed;
 - d) no insurer has terminated any of my/our insurances;
 - e) if this Application has not been completed by me/us personally, I/we have read the completed form and accept full responsibility for the answers and information provided to the Company; and
 - f) if I/we have provided answers in this Application and all other information in connection with this Application about other applicants, I/we are authorised by them to make this declaration, agree to the statements herein and provide the consents herein.

2. I/We agree:

- a) that I/we have a duty to fully and faithfully disclose to the Company all the facts as I/we know them or ought to know them, otherwise, I/we may receive nothing from the Policy;
- b) that should any of the information given by me/us alter between the date of this Application and the inception date of the insurance to which this Application relates, I/We will give immediate notice thereof;
- c) that this Application, together with any other information supplied by me/us, shall be the basis of the contract of insurance policy between me/us and the Company and shall be deemed to be incorporated in the Policy, subject to the terms and conditions of the Policy;
- d) to the Company verifying the information provided in the Application with the relevant parties;
- e) that if my/our Application was submitted via an insurance intermediary and is accepted, to the intermediary through whom the Policy is arranged commission during the continuance of the Policy, including renewals, for arranging the Policy; and Company paying the insurance intermediary through whom the Policy is arranged commission during the continuance of the Policy, including renewals, for arranging the Policy; and
- f) that the Policy will not become effective until this Application has been accepted in writing by the Company and the premium must be paid to and received by the Company (or the intermediary through whom the policy was effected) within 60 days from the inception of the policy, failing which the policy shall be deemed to be automatically terminated and a pro-rated premium will be charged for the period that the Company is on risk.

I/We consent to Allied World collecting, using, processing and disclosing my/our personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at https://alliedworldinsurance.com/singapore/ including disclosing my/our personal data outside of Singapore. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose their personal data and also give this consent on both my/our and their behalf.

I/we consent to the Company sending me marketing, promotional or other m Voice call Text message	essages via telephone:
Please note that if you decide you no longer wish to receive offers from us via telephone by voice call and/or text message, you can opt out at any time by submitting a request via our website at https://alliedworldinsurance.com/singapore/ . For further information, please contact our Data Protection Officer at sg.customerservice@awac.com or +(65) 6423 0888.	
Name, Title and Signature of Applicant / Authorised Signatory* of Applicant(s) & Company Stamp (if applicable)	Date
* Authorised signatory must be a Principal. Partner or Director of Applicant	

ABOUT ALLIED WORLD

Allied World Assurance Company Holdings, Ltd, through its subsidiaries, is a global provider of insurance and reinsurance solutions. We operate under the brand Allied World and have supported clients, cedents and trading partners with thoughtful service and meaningful coverages since 2001. We are a subsidiary of Fairfax Financial Holdings Limited, and we benefit from a worldwide network of affiliated entities that allow us to think and respond non-traditional ways. Our capital base is strong, our solutions anticipate rather than react to changing trends, and our teams are focused on establishing long-term relationships that are mutually beneficial.