

Round-the-clock protection for you and your loved ones.

FORWARD  Your Protection



Whether at home or overseas, keep safe with Sompō's Signature Personal Accident (PA) insurance protecting you and your family's health and wellbeing anytime and everywhere. That's our promise.

Enjoy living with peace of mind. Whether you're single, newly married or have a family of five, Signature PA can tailor your coverage to suit you and your growing family.

KEY FEATURES

- ▶ Guaranteed Policy Issuance regardless of your occupation.
- ▶ Triple (or 3 times) Cover for Injuries sustained in public transportation accidents.
- ▶ Double (or 2 times) Cover for Injuries sustained in accidents involving private transportation, building fires and your child attending school events.
- ▶ Up to 25% increase of Accidental Death Coverage for the first 5 years if no claims have been made.
- ▶ Daily Hospital Income with a minimum of 6 consecutive hours' hospital stay per day.
- ▶ Automatic Renewal.
- ▶ 24/7 Accident Protection anywhere in the world.

To view full coverage details and apply online, visit www.cimbbank.com.sg/signaturepa

WHAT SIGNATURE PA OFFERS

- ▶ No Medical Underwriting Required for Hassle-Free Application

With different premium options to suit the size of your family, you pay only for the coverage you need. To top it all, there is no loading on your premium, regardless of your occupation. So start protecting yourself and your loved ones today with Signature PA!

▶ Triple Payout for Accidental Death and Permanent Disablement

As fare-paying passengers, you will be covered for up to S\$300,000 against death of injuries sustained in accidents involving public transportation. We will double the payout up to S\$200,000 for accidents involving private transportation, building fires or if your child sustains injuries while participating in school events.

ELIGIBILITY

- ▶ Insured Person must be between 18 years old and 60 years old.
- ▶ Insured Child must be between 1 month old and 21 years old. The age limit will be extended to 25 years old for those who are in full-time education, unmarried or unemployed.

BENEFITS AT A GLANCE

BENEFITS PER INSURED	ADULT	CHILD
Accidental Death¹ and Permanent Disablement²	S\$100,000	S\$10,000
Double Payout if accident arose from <ul style="list-style-type: none"> • A traffic accident³ • Fire at home or in any public premises or school • Attending an activity organised, endorsed or coordinated by the Insured Child's school or travelling to and from such activity⁴ 	S\$200,000	S\$20,000
Triple Payout if accident arose from <ul style="list-style-type: none"> • Travelling as a fare-paying passenger in a public conveyance⁵ 	S\$300,000	S\$30,000
Daily Hospital Income⁶ (Up to 365 days per accident)	S\$200 per day	Not Applicable
Medical Expenses Reimbursement (Maximum limit per accident) Covers medical treatment for accidental injury, 17 Infectious Diseases (including Zika virus) or food and beverage poison subject to the following sub-limits: <ul style="list-style-type: none"> • Traditional Chinese Medicine (TCM) of S\$750 per accident per year • Food Poisoning at S\$500 per year Minimum claim must be S\$50. If claim amount is more than S\$50, then the claim amount will be from the first dollar.	S\$5,000	Not Applicable

¹5% automatic increase of sum insured for Accidental Death up to 5 consecutive years is subject to no claims. ²Amount payable for Permanent Disablement will be deducted from sum insured for Accidental Death. ³Excludes whilst travelling in motorcycle, scooter or motorised two-wheeler, bicycle or any personal mobility devices of every description (motorised or otherwise), rental vehicle or any vehicle on hire, taxi or any vehicle under any car-sharing scheme including but not limited to "Uber" and "Grab" schemes, and vehicle in use for driving tuition. ⁴Only applicable to Insured Child. ⁵Public conveyance means any passenger carrying bus, air plane, train, ship or vessel provided and operated by a carrier duly licensed for regular transportation of fare-paying passengers. ⁶With hospital stay of minimum 6 consecutive hours each day. Charge a day for room and board is considered as one day.

PERMANENT DISABLEMENT TABLE OF BENEFITS

DESCRIPTION OF DISABLEMENT	% OF THE SUM INSURED FOR ACCIDENTAL DEATH
Permanent Total Disablement	100%
Losing Two Limbs	100%
Losing Sight of Both Eyes	100%
Losing One Limb and Sight of One Eye	100%
Losing Speech and Hearing	100%
Losing One Limb	50%

ANNUAL PREMIUMS (INCLUSIVE OF GST)

POLICY TYPE	ANNUAL PREMIUM
Main Insured Only	S\$333.84
Main Insured & Spouse	S\$667.68
Main Insured, Spouse & 1 Child	S\$697.64
Main Insured, Spouse & 2 Children	S\$727.60
Main Insured, Spouse & 3 Children	S\$757.56
Main Insured & 1 Child	S\$363.80
Main Insured & 2 Children	S\$393.76
Main Insured & 3 Children	S\$423.72

For enquiries, please call Sompo Insurance at (65) 6461 6222 or email cimb-query@sompo.com.sg.



Signature PA Application

Intermediary's Name/Code: _____

Important Notice:

- Statement Pursuant to Section 25(5) Cap 142 of the Insurance Act
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.
- Please note that this insurance is subject to the premium being paid and received in full by Sompo Insurance Singapore Ptd. Ltd. (hereinafter called "Sompo Insurance") (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in other instances, failing which there will be no liability under this cover.
- The liability of Sompo Insurance does not commence until this application is accepted and the premium is paid in accordance with clause 2 above.

APPLICANT'S PARTICULARS

Name: _____

NRIC/FIN No.: _____

Date of Birth (DD/MM/YYYY): _____

Gender: Male Female

Nationality: _____

Marital Status: Single Married Widowed Divorced

Residential Address (Please do not provide a P.O. Box address): _____

Postal Code: _____

Tel No.: _____ (HP) _____ (H) _____ (O)

Email: _____

PLAN SELECTION (PLEASE TICK)

PLAN TYPE	ANNUAL PREMIUM (INCLUSIVE OF GST)
<input type="checkbox"/> Main Insured Only	S\$333.84
<input type="checkbox"/> Main Insured & Spouse	S\$667.68
<input type="checkbox"/> Main Insured, Spouse & 1 Child	S\$697.64
<input type="checkbox"/> Main Insured, Spouse & 2 Children	S\$727.60
<input type="checkbox"/> Main Insured, Spouse & 3 Children	S\$757.56
<input type="checkbox"/> Main Insured & 1 Child	S\$363.80
<input type="checkbox"/> Main Insured & 2 Children	S\$393.76
<input type="checkbox"/> Main Insured & 3 Children	S\$423.72

PERSON(S) TO BE INSURED

NAME	NRIC/FIN	DATE OF BIRTH (DD/MM/YYYY)	OCCUPATION
1.			
2.			
3.			
4.			
5.			

DECLARATIONS

I/We declare that:

- I/we am/are in good health and free from any physical impairment.
- I/we am/are residing in Singapore am/are Singaporean(s), Permanent Resident(s) or Foreigner(s) with valid Employment Pass/Work Permit/Student Pass/Long Term Social Visit Pass/Dependent Pass.
- I/we am/are not participating/intending to participate in any hazardous hobbies or activities.
- I/we have neither made any claims against any insurer for bodily injury nor had any life or accident insurance applications/policies that are declined, cancelled, refused renewal or imposed with special terms.
- I/we will give notice to Sompo Insurance of any change in health, occupation, activities or country of residence.
- I/we understand and agree that benefits under this policy will only be payable upon accident occurring with the exception of coverage provided for Specified Infectious Diseases
- I/we am/are aware that for Infectious Diseases, there is a waiting period of 14 days from cover inception and cover is subject to Pandemic Alert Exclusion.
- I/we understand the notes highlighted in the brochure and am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/our financial needs and insurance objectives before this application is submitted.
- I/we confirm that the information given in the application is true and complete and shall be the basis of contract between me/us and Sompo Insurance.
- I/we am/are not undischarged bankrupt(s).
- I/we acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that CIMB Bank Berhad (collectively "CIMB") and Sompo Insurance may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in CIMB and Sompo Insurance's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to CIMB and Sompo Insurance's business partners, intermediaries, third party service providers and industry associations. CIMB's Privacy Policy can be found at www.cimb.com.sg. Sompo Insurance's Privacy Policy can be found at www.sompo.com.sg.
- I/we consent to receive marketing and promotional information from CIMB and Sompo Insurance (e.g. via telemarketing, email, mail, SMS etc). I/we understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at www.cimb.com.sg and/or www.sompo.com.sg.
- I/we am/are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

PLEASE CHARGE 1ST & RENEWAL ANNUAL PREMIUMS: S\$ _____ TO MY VISA/MASTERCARD* (*Please circle one)

Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

CARD NO.: [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] EXPIRY DATE: [] [] - [] []

PLEASE CHARGE 1ST & RENEWAL ANNUAL PREMIUMS: S\$ _____ FROM MY CIMB ACCOUNT: _____



Signature of Applicant on behalf of person(s) to be insured

Date: _____

Important Note

- This information is not a contract of insurance and is intended for general circulation only. Full details of the precise terms, conditions and exclusions of this plan are provided in the Policy. Please visit www.sompo.com.sg/FAQ for a specimen copy of the Policy Wording.
- This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit www.sompo.com.sg/FAQ or GIA/LIA or SDIC website (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Distributed by

Underwritten by



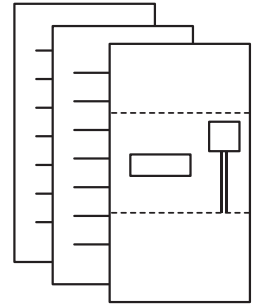
FOR OFFICIAL USE

V2018 JUL

Referral Name & Emp. No.:	Branch:	Source of Business:	GI Specialist:
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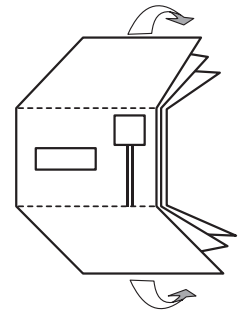
HOW TO USE THE BUSINESS REPLY ENVELOPE (BRE)

1.



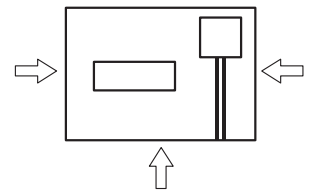
Place documents together with the BRE.

2.



Fold inwards along the dotted lines as indicated.

3.



Seal along edges with clear tape (do not staple).
Drop sealed envelope into post box.

Business Reply Service
Permit No. 08582



SOMPO INSURANCE SINGAPORE PTE. LTD.
(Bancassurance department)
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623

Strictly Private and Confidential

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