CARDSHIELD PRIME PLUS ONLINE APPLICATION FORM

Applicable to existing DBS/POSB Principal Cardholders only.
Applicants must be 55 years of age and below.

Please complete this application form and you may choose to:
MAIL to: DBS Bank Ltd, DBS Cards Services, Orchard P.O. Box 360, Singapore 912312, Or
FAX to: (+65) 6782 1063

☑ **YES!** I want to enrol for CardShield Prime Plus for **ALL** my **existing** DBS/POSB Credit Card(s) and enjoy comprehensive coverage at a low premium of S$0.58 per month for every S$100 of my monthly outstanding Credit Card account balance*.

I agree and acknowledge that there are situations under which no benefits will be payable to me, which include but are not limited to pre-existing conditions, suicide or war.

1. PRINCIPAL CARDHOLDER'S DETAILS

Name as in NRIC/Passport (underline surname): ☐ Dr. ☐ Mr ☐ Mrs ☐ Miss ☐ Mdm

NRIC/Passport Number: | | | | | | | | | |

Date of Birth: | | / | | / | | | | (dd/mm/yyyy)

Home: 6 | | | | | | | Office: 6 | | | | | | | Mobile: | | | | | | | |

(Please provide at least 1 contact number)

DBS/POSB Credit Card Account No.: | | | | - | | | | - | | | | - | | | |
(If you hold more than one principal Credit Card, please provide any one Credit Card number)

2. DECLARATION (Please read before signing)

Pursuant to Section 25(5) of the Insurance Act (CAP. 142), I agree to disclose fully and faithfully, all facts that I know or ought to know, otherwise the policy issued hereunder may be void.
I acknowledge that CardShield Prime Plus is underwritten by Aviva Ltd, under Group Policy No. 3029379. It is not an obligation of, deposit in or guaranteed by DBS. I acknowledge that DBS will disclose my personal particulars to Aviva for the purposes of Aviva assessing and processing my claims under my policy/policies and for responding to Aviva's queries with regard to my policy/policies. DBS will not update Aviva on changes to my personal particulars unless DBS deems it necessary. This policy will be entered into the register of Singapore Policies. I understand that this is not a contract of insurance. Full details of the terms, conditions and exclusions of this insurance are provided in the Certificate of Insurance (COI) and will be sent to me upon acceptance of application by DBS Bank Ltd. I understand that I may cancel the policy issued by giving written notice to DBS Bank Ltd within fourteen (14) days from the date after the receipt of the COI, in which case a refund of the premium received by DBS Bank Ltd shall be made without interest. The refund will be made after the original COI is received for cancellation. If the COI is sent by post, it shall be deemed to have been delivered within seven (7) days after posting. I agree that with reference to payments under this policy for accidental death, only half of the benefits payable by the insurer under this policy will be paid to DBS with the remainder being paid to my legal representative. This is product information provided to me and does not have regard to the specific investment objectives, financial situation and the particular needs of any specific person. I should seek advice from a financial adviser before purchasing the product. In the event that I choose not to seek advice from a financial adviser, I should consider whether this product is suitable for me and I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives. Buying a life insurance policy is a long-term commitment. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.

Please sign within the box

Principal Cardholder's Signature and Date

* Your CardShield Prime Plus premium will be calculated based on the outstanding balance of each Credit Card, including any Supplementary Card(s). Note: The Certificate of Insurance will be mailed to your mailing address as per existing record with the Bank.

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 contact Aviva Ltd or visit the Life Insurance Association or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

3. FOR BANK'S USE ONLY

Attended & Verified by:	Checked by:

Please fold here

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 04930

DBS BANK LTD
DBS CARDS SERVICES
ORCHARD P.O. BOX 360
SINGAPORE 912312

(Attn: CardShield Prime Plus)