APPLICATION FORM
Elective Treatment in Singapore and Brunei Darulsalam

Name of Proposer: _____

NRIC Number of Proposer: _____

Name of Person to be insured: _____

NRIC Number of Person to be insured: _____

Product Name: _____ Policy No: _____

I wish to apply for extension to cover treatment in Singapore and Brunei Darulsalam and am agreeable to pay a premium loading of 20% on the annual premium due.

I understand that the following "ELECTIVE TREATMENT IN SINGAPORE AND BRUNEI DARUSSALAM CLAUSE" shall be applied to my policy and I agree to accept the terms and conditions stipulated in the clause:

ELECTIVE TREATMENT IN SINGAPORE AND BRUNEI DARUSSALAM CLAUSE

It is hereby declared and agreed that in consideration of a premium loading of 20%, the policy is hereby extended to cover treatment in Singapore and Brunei Darussalam.

It is further declared and agreed that the eligible claim shall be paid on the basis of One Ringgit Malaysia to One Singapore Dollar or One Brunei Dollar respectively. For the purpose of determining the application Co-Payment for Upgraded Room, the Room Rate shall also be considered on the basis of One Ringgit Malaysia to One Singapore Dollar or One Brunei Dollar respectively.

Notwithstanding anything contained herein to the contrary, if the Insured Person is a Singaporean/Bruneian, the coverage and benefits provided shall be restricted in Malaysia, Singapore and Brunei only.

It is also declared and agreed that in consideration of this extension, the Residence Overseas Clause restricting travel overseas to 90 consecutive days shall not apply to Singapore and Brunei Darussalam.

Subject otherwise to the terms, provisions, exclusions and conditions of this policy.

_____   _____

Date   Signature of Proposer