



TOKIO MARINE

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. : 19230014M

80 Anson Road

#09-00 Fuji Xerox Towers

Singapore 079907

Tel: 6221 6111 Fax: (65) 6221 4355/ (65) 6224 0895

Email : tmis@tokiomarine.com.sg

Website : www.tokiomarine.com.sg

FOREIGN WORKERS MEDICAL INSURANCE APPLICATION FORM

Name of Employer: _____

Employer CPF No. : _____ Industry: _____

Address: _____

Period of Insurance: _____ to _____ Choice of Plan: _____

Person to Contact: _____ Tel: _____ Email: _____

Annual Premium per worker \$ _____ * No. of foreign workers _____ = Total Premium (b/f GST) \$ _____

Please provide details of foreign workers to be covered.

	Name of Workers	Work Permit No./Fin/ Passport/S-Pass No.	Gender	DOB	Nationality
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Declaration By Proposer

We hereby declare that the information is true and complete and we have not withheld any information that may influence the acceptance of this insurance.

We hereby agree that this proposal and declaration shall form the basis of the contract between the Proposer and **Tokio Marine Insurance Singapore Ltd** and I/We understand that any false, incorrect or misleading statement may render this insurance null and void.

Signature of Proposer/Authorised Officer: _____ Designation: _____

Date: _____

Company Stamp: _____

FOR TMIS USE ONLY

Approval Executive: _____

Intermediary Name/Account Code: _____

Acceptance Date: _____

Mobile No: _____

Plan Type: _____

Email: _____