

The Law Society of Singapore Protection Plan

SUMMARY OF BENEFITS	SUM INSURED (S\$)	
	PLAN 1	PLAN 2
1. Accidental Death	20,000	40,000
2. Permanent Disablement due to Accident	Up to 20,000	Up to 40,000
3. Accident Medical Reimbursement (per Accident)	Up to 2,500	Up to 5,000
4. Daily Hospital Cash Benefit (due to Accident) – up to 90 days	50 per day	100 per day
MONTHLY Premium (S\$)		
Member or Spouse	5.10	10.19
Member or Spouse & Child(ren) ^{^+}	6.11	12.23
Member, Spouse & Child(ren) ^{^+}	10.19	20.38
ANNUAL Premium (S\$)		
Member or Spouse	61.20	122.28
Member or Spouse & Child(ren) ^{^+}	73.32	146.76
Member, Spouse & Child(ren) ^{^+}	122.28	244.56

Classification of Occupations:

Class 1: Most professionals and persons engaged in executive, administration or clerical duties.

Class 2: Persons engaged in very light manual labor (excluding the use of machinery).

All premiums quoted are inclusive of GST. Premiums will be adjusted with subsequent change of GST.

[^]There is no limit on the number of children provided they are between 15 days to 21 years old or between the ages of 25 years if they are full time students in recognized institutions or have been accepted and are awaiting enrollment as full time students in recognized institutions but not in National Service and who are dependent upon the Policyholder for at least 50% of his/her maintenance and support.

⁺Each dependent child will enjoy 10% coverage on all benefits as specified in the Policy.

Product Highlights:

- Premiums do not increase with age
- Covers from 16 years to 75 years (at last birthday), renewable up to age 80 years
- 24-hour worldwide coverage
- No medical examination required
- 14 days Free-Look period
- Easy monthly or annual payment via GIRO / Credit Card
- Protection against Acts of Terrorism
- Portable*

* This policy shall continue to apply after you ceased to be associated with / member of The Law Society of Singapore, so long as you remain within the same class of occupation and continue to reside in Singapore or Malaysia.

Speak to our Benefit Sales Officer today or call 6419 3000 to find out more

Important Notes:

1. Key Exclusions: war; invasion or civil war; employed by armed, naval, air force, police service or operations; engaging in air travel as member of crew or as pilot or operator; professional sports; suicide or self inflicted injuries; pregnancy or childbirth; acquired immune deficiency syndrome or Aids; drugs, intoxication; general check-up, convalescence, custodial or rest cure; dental disease.
2. Dental care; cosmetic surgery; congenital anomalies and conditions or physical defects; mental, psychiatric or nervous disorders; disease or bacterial infection; pre-existing conditions.
3. The benefits of this Policy shall be payable only upon an Accident occurring, subject to applicable terms, conditions and exclusions.
4. This insurance has been underwritten for those associated with / members of the Law Society of Singapore within the Classification of Occupations stated. This brochure is not a contract of insurance. It is only product information provided by us. You should seek advice from a qualified advisor if in doubt. Please refer to the Policy for exact terms, conditions and exclusions applicable to this insurance.
5. If you are switching policy, you should consider whether this will result in any cost and whether the benefits under the new policy are more suitable.



Underwritten by:
American Home Assurance Company,
Singapore Branch
A CHARTIS Company
 Incorporated in the United States with liability limited

Pursuant to Section 25(5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, you are to disclose in this enrolment form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise the Policy issued hereunder may be void and you may receive nothing from the Policy.

Please refer to attached brochure, "The Law Society of Singapore Protection Plan" for a summary of the benefits and exclusions. Specific terms, conditions and exclusions are set out in the policy, a copy of which is available upon request.

Yes! I / We would like to enroll in this Plan.

Plan Details		
Summary of Benefits	Sum Insured (S\$)	
	Plan 1	Plan 2
1. Accidental Death	20,000	40,000
2. Permanent Disablement	Up to 20,000	Up to 40,000
3. Accident Medical Reimbursement (per Accident)	Up to 2,500	Up to 5,000
4. Daily Hospital Cash Benefit (due to Accident) – up to 90 days	50 per day	100 per day
MONTHLY Premium (S\$)		
Member or Spouse	<input type="checkbox"/> 5.10	<input type="checkbox"/> 10.19
Member or Spouse & Child(ren) ^{^+}	<input type="checkbox"/> 6.11	<input type="checkbox"/> 12.23
Member, Spouse & Child(ren) ^{^^}	<input type="checkbox"/> 10.19	<input type="checkbox"/> 20.38
ANNUAL Premium (S\$)		
Member or Spouse	<input type="checkbox"/> 61.20	<input type="checkbox"/> 122.28
Member or Spouse & Child(ren) ^{^+}	<input type="checkbox"/> 73.32	<input type="checkbox"/> 146.76
Member, Spouse & Child(ren) ^{^^}	<input type="checkbox"/> 122.28	<input type="checkbox"/> 244.56

All premiums quoted are inclusive of GST. Premiums will be adjusted with subsequent change of GST.

[^]There is no limit on the number of children provided they are between 15 days to 21 years old or between the ages of 25 years if they are full time students in recognized institutions or have been accepted and are awaiting enrollment as full time students in recognized institutions but not in National Service and who are dependent upon the Policyholder for at least 50% of his/her maintenance and support.

^{^^}Each dependent child will enjoy 10% coverage on all benefits as specified in the Policy.

My Personal Particulars ("Policyholder")		
Name (Mr / Ms / Mdm / Mrs / Dr):		NRIC / Passport No.:
Date of Birth (dd/mm/yy):	Gender: Male / Female	Occupation:
Address:		Postal Code:
Telephone No.	Home:	Office: Mobile:

My Spouse's Particulars (if applicable)		
Name (Mr / Ms / Mdm / Mrs / Dr) <i>Please underline surname:</i>		NRIC / Passport No.:
Date of Birth (dd/mm/yy):	Gender: Male / Female	Occupation:

My Child(ren)'s Particulars (if applicable)			
	Name	Date of Birth (dd/mm/yy)	Gender
1.			Male / Female
2.			Male / Female
3.			Male / Female
4.			Male / Female
5.			Male / Female
6.			Male / Female

For Official Use Staff Code: _____	<input type="checkbox"/> Recommended By: Name : _____ NRIC: _____
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Declaration

I am associated with / member of* **The Law Society of Singapore** and make the declarations below for **The Law Society of Singapore Protection Plan**

- (1) I and/or my spouse* am / are*:
- (i) between the ages of 16 and 75 years;
 - (ii) residing in Singapore / Malaysia*; and
 - (iii) in good health and free from any physical impairment or deformity.
- (2) *my dependent child(ren) is / are*:
- (i) between the ages of 15 days to 21 years (or up to the age of 25 years as he / she / they* are either full time students in recognized institutions or have been accepted and are awaiting enrolment as full time students in recognized institutions but not in National Service
 - (ii) residing in Singapore / Malaysia*; and
 - (ii) in good health and free from any physical impairment or deformity.

* delete whichever is inapplicable.

Authorization of premium payment through GIRO / Credit Card

I / We agree to pay the premiums according to the plan chosen and I hereby authorise American Home Assurance Company, Singapore Branch (AHAC) to charge the stated monthly premium to the following credit card/bank account. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

- Visa
- Mastercard

Name of Bank : _____ Name of Cardholder : _____

Credit Card No.: _____ Expiry Date: _____(mm/yyyy)

I understand that **The Law Society of Singapore Protection Plan** is a personal accident policy and benefits shall be payable upon the occurrence of an Accident subject to applicable terms and conditions. I also understand that I and/or my spouse can only be covered for one personal accident policy issued by Employee Care. I confirm that I am / we are currently not covered under any one of these policies. In the event that I am / we are already covered under any one of these policies prior to this application, please cover me / us under the policy which provides for the higher sum insured.

I / We hereby declare and agree on behalf of myself / ourselves and any person(s), firm or corporation, that any information collected or held by American Home Assurance Company, Singapore Branch (the "Company") (whether contained in this application or otherwise obtained) may be used and disclosed by the Company to its associated individuals / companies or any independent third parties (within or outside Singapore) for the purposes of processing this application and providing subsequent services (including provision of advice or information) in relation to **The Law Society of Singapore Protection Plan**, and to communicate with me / us for any purposes.

I declare that the above information provided is true and complete, and understand that this enrolment form is not a contract of insurance until accepted by the Company. However, such information or declaration herein will form the basis of the contract of insurance with the Company.

Signature of Applicant: _____

Date: _____

CHARTIS Building, 78 Shenton Way #07-16 Singapore 079120
T (65) 6419 3000 W www.chartisinsurance.com.sg

Underwritten by: **American Home Assurance Company, Singapore Branch**
A CHARTIS Company
Incorporated in the United States with liability limited.