

DBS CARDSHIELD PRIME ONLINE APPLICATION FORM

Applicable to existing DBS/POSB Principal Cardholders only.
Applicants must be below 65 years of age.

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) 6878 9155

YES! I want to enrol for DBS CardShield Prime for **ALL** my **existing** DBS/POSB Credit Card(s) and enjoy comprehensive coverage at a low premium of S\$0.49 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: Office: 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 DBS CardShield Prime is underwritten by Aviva Ltd, under Group Policy No. 3007794. 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 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 by 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 take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

 Please sign within the box

Principal Cardholder's Signature and Date

Your CardShield Prime 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.

3. FOR BANK'S USE ONLY

Attended & Verified by:	Checked by:

Please print here

**BUSINESS REPLY SERVICE
PERMIT NO. 04930**



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

(Attn: CardShield Prime)

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

