

Please email completed forms to enquiry@rpisg.com

Leisure Drone Insurance Proposal Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap142) or any amendments to it, you must reveal all facts that you know, or ought to know, which may affect the insurance cover that you are applying. Otherwise, the insurance cover may not be valid.

Details of Proposer

Name : Mr/Mrs/Ms/Dr _____
(Name as in your NRIC/FIN. Please underline surname.)

NRIC/FIN: _____

Date of Birth : _____ Occupation : _____

Address : _____

Postal Code : _____

Contact No : Mobile Phone _____ Email address : _____

Details of the Unmanned Aerial Vehicle (UAV)

Make & Model	Serial Number	Max Take-off Weight (kg) with loading	Wing Type
			a. Fixed Wing b. Rotary Wing
1			
2			
3			

Insurance Coverage

Description of Coverage	Maximum Payable Limit		
	Plan A	Plan B	Plan C
Section 1: Loss/Damage to UAV Pays for accidental loss of or damage to your UAV.	\$2,500	\$5,000	\$10,000
Section 2: Liability to the Public Covers against third party claims for bodily injury or property damage caused by your negligence whilst operating your UAV.	\$100,000	\$150,000	\$200,000
Annual Premium (inclusive of 7% GST)	\$160.50	\$267.50	\$454.75

Important notes:

- Coverage is within Singapore only and within allowable spaces permitted by the CAAS.
- Coverage excludes any self-made or modified UAV that alters the form or character of the UAV.
- Jurisdiction Clause: Subject to the laws of Singapore.

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #27-01 AXA Tower, Singapore 068811
 Customer Service Centre: #B1-01
 GST Registration No.: M2-0009922-2 Co. Registration No.: 196900406D

Period of Insurance : 12 months from (dd/mm/yyyy) _____

Coverage required:

Details of UAV	Choice of Plan	Premium
1		
2		
3		
Total Annual Premium Payable (inclusive of 7% GST)		

The following information are required:

1. How many years of experience do you have flying UAVs? _____ years.
2. Have you ever had an accident whilst flying UAVs in the last 3 years? () No () Yes

Premium Payment

() I enclose a cheque payable to 'AXA Insurance Singapore Ltd'.

() Please charge S\$ _____ to my credit card

- Type of credit card: () MasterCard () Visa () AMEX () Diners Club
- Name on the credit card: _____
- Name of issuing bank: _____
- Credit card no.: _____
- Expiry date of the card: _____
- Security code (CVV) no.: _____
- State relationship (if cardholder is not the proposer) _____

Declaration

1. I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information. By providing this information, I understand and give my consent for AXA Insurance Singapore and AXA Life Insurance Singapore (collectively "AXA") and their respective representatives or agents to:
 - a. Collect, use, store, transfer and /or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at: <http://www.axa.com.sg> ("Purposes").
 - b. Collect, use, store, transfer and/or disclose personal data about me or us and those whose personal data I or We have provided from sources other than myself or us for the Purposes.
 - c. Contact me or us to share information about products and services from AXA that may be of interest to me or us by post and e-mail and () By telephone () By fax () By text message
2. By submitting this application, I declare on behalf of all persons covered under this Policy that the above answers are complete and true and agree that they shall form part of my application which shall be the basis of the contract of insurance.
3. I understand that this Policy shall only be effective following premium payment and subject to the acceptance and approval of this application by AXA Insurance Singapore Pte Ltd.

Signature of Proposer

Date of application

AGT00573
ASTRA ASSURANCE AGENCIES
Intermediary Code & Stamp

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