

PRODUCT BENEFITS AT A GLANCE

ENROLLMENT FORM

Summary of Benefits					
Benefits Description	Sum Insured (S\$)				
	Plan A	Plan B	Plan C	Plan D	Executive Plan
Accident Death or Permanent Total Disability	100,000	200,000	300,000	500,000	1,000,000
Accidental Medical Expenses Reimbursement	5,000	6,000	7,000	8,000	10,000
Temporary Total Disability (up to 104 weeks)	100 per week	200 per week	300 per week	500 per week	1,000 per week
Ambulance & Mobility	1,500	2,000	2,500	3,000	5,000
Hospital Income, including for Dengue Fever (up to 730 days)	50 per day	100 per day	150 per day	250 per day	400 per day
Emergency Evacuation	100,000	100,000	100,000	100,000	100,000
Family Allowance (payable for up to 12 months if insured suffers from permanent disability)	1,000 per month	1,500 per month	2,000 per month	2,500 per month	5,000 per month
Funeral Expenses	5,000	10,000	15,000	25,000	35,000
Essential Bill (payable if insured is hospitalized for at least 3 days)	100	200	300	500	800
Fracture Relief	2,000	3,000	4,000	5,000	10,000

Monthly Premium Table					
Type of Occupation	Premium (S\$)				
	Plan A	Plan B	Plan C	Plan D	Executive Plan
Class 1	16.50	28.20	41.20	66.50	117.50
Class 2	17.50	29.50	43.00	68.00	122.20
Class 3	23.00	39.70	56.50	NA	NA
Class 4	32.00	NA	NA	NA	NA

Annual Premium Table					
Type of Occupation	Premium (S\$)				
	Plan A	Plan B	Plan C	Plan D	Executive Plan
Class 1	178.00	308.00	450.00	728.00	1,288.00
Class 2	188.00	322.00	468.00	745.00	1,338.00
Class 3	250.00	433.00	618.00	NA	NA
Class 4	350.00	NA	NA	NA	NA



- Class 1 – occupations that are least hazardous, such as white collar workers and personnel whose duties are office related and not subject to other factors that would increase their risk.
- Class 2 – mainly white collar workers whose occupations are subject to certain risk factors, such as those involving light manual labour.
- Class 3 – in this case are mainly industrial workers, skilled or semi-skilled, some of whom use machinery.
- Class 4 – consists for the most part of industrial workers who use heavy machinery and unskilled labourers.

**IMPORTANT NOTE TO THE APPLICANT:**  
Statement pursuant to Section 25(5) of the insurance Act Chapter 142 or any subsequent amendments thereof:

- You are to disclose in this enrolment form, fully and faithfully, all the facts you know or ought to know, otherwise the policy issued hereunder may be void and you may receive nothing from it.
- No insurance shall be in force until this application has been accepted by and premium is paid in accordance to the **Payment Before Cover Warranty** (whichever applicable) to the Company.

We have only provided you with product information. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for you may impact your ability to finance your healthcare needs.

Please take note that replacing an existing plan with a new one may not add value to one's insurance portfolio because:

- You may not be insurable at standard terms;
- You may have to pay a different premium
- Terms and conditions may differ.

**Particular of Main Insured**

Name of Insured (*As in NRIC*)

NRIC: \_\_\_\_\_ Date of Birth: (DD/MMM/YYYY) \_\_\_\_\_

Gender (*Please tick the appropriate box*) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Male \_\_\_\_\_  
Female \_\_\_\_\_

Address: \_\_\_\_\_

Postal \_\_\_\_\_

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Nationality: \_\_\_\_\_

Email: \_\_\_\_\_

Education (*Please circle accordingly*):

PRI / GCE N/ O/ A/ DIP/ DEG/ MST/ PHD

Type of Plan (*For Executive Plan, please complete high limit questionnaire as part of application*)

Plan A Plan B Plan C Plan D Executive Plan

Occupation: \_\_\_\_\_

Type Of Occupation:

Class 1 Class 2 Class 3 Class 4

# ACE CASH DELIGHT

# DECLARATION

Providing the best for your family is the essence of life. Assuring that their future is well protected is equally crucial as well. Having the best of both ensures that your family stays protected against unfortunate occurrences.

Specially designed with you in mind, ACE Delight Enhanced provides total protection for you and your loved ones. For as low as 55 cents a day, ACE Delight Enhanced provides you with comprehensive protection with up to S\$1,000,000 of coverage should death or permanent disability occur as a result of an accident. This plan not only offers supplementary assistance by taking care of your medical expenses but also provides a daily hospital income due to accident.

## Unique features of ACE Delight Enhanced

- Lump sum payment of up to S\$1,000,000 in the event of accidental death or permanent total disability.
- Up to S\$292,000 Hospital Income (S\$400 per day up to maximum of 730 days) in the event of hospitalization, including Dengue Fever
- Up to S\$104,000 cash benefit as a result of Temporary Total Disability
- Up to S\$100,000 if Emergency Evacuation is needed while the insured is overseas.
- Up to S\$5,000 coverage for ambulance fees and purchases of mobility aids
- Up to S\$35,000 for funeral Expenses.
- Cash allowance of up to S\$800 to help for any essential bills as a result of hospitalisation.

**Sign – up with ACE Delight Enhanced today and received the protection and coverage you need wherever you go!**

- 1) The information on this declaration is full, complete, true and correct and that nothing material has been withheld. I also agree that they be the basis of the contract between the company and the insured person(s).
- 2) I understand that the company, believing them to be such, will rely and act on them; otherwise any policy issued will be void.
- 3) I understand that all Pre-Existing conditions before the effective date of this Policy are not covered.
- 4) I hereby apply for the insured person(s) named above to be insured under this plan. I am authorized to act on behalf of this person(s).
- 5) I am aware that I can seek advice on the suitability of this product before I sign this application / proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to the financial needs and insurance objective of the insured person(s).
- 6) I am aware that Accidental Medical Expenses Reimbursement are accorded only in excess of amount recovered from any other source
- 7) I agreed that the Company shall assume no liability until full and complete information is furnished on the application.
- 8) I agreed that the above information may be used and disclosed by ACE Insurance Limited, or any independent third parties for any matters relating to this application, any policy used and to provide advice or information concerning products and services which is believed may be of interest to me. However if I do not wish to disclose any of my particulars to any independent third party, I will indicate herewith.
- 9) I acknowledge that coverage will only commence upon full receipt of information and submission of payment details.

I hereby authorize the payment for the premium of \$ through:

	Monthly mode		Annual mode	
	Visa	Master	Giro	

### Credit Card Details

Credit Card Number:	
Cardholder's Name:	
Credit Card expiry date:	

Signature as per Credit Card Mail-order
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Application via Giro  
*(Please email to request for the GIRO enrolment form)*  
[giroform@nexusrm.com.sg](mailto:giroform@nexusrm.com.sg)

### FOR OFFICIAL USE

Seller ID: 70 NRM	Date Received:
Advisor name / code: NEXUS RISK MANAGEMENT (70 NRM)	