

DECLARATION OF UNDERTAKING

Read each statement below and sign to indicate your agreement.

1. I hereby declare that I have taken up this Overseas Programme of my own accord and free will.

2. I agree to assume any and all risks which might be associated with this Overseas Programme and I shall not hold Nanyang Technological University (NTU) and its officers, or any of its full-time or part-time staff, servants, employees or agents responsible or liable in any way for and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury, disease, illness, loss of life or property damage) caused by or sustained as a result of my participation in the Overseas Programme.

3. To the extent permitted by law, I agree and undertake to indemnify and keep NTU, its officers, full-time and part-time staff, servants, employees and agents indemnified from and against all liabilities, claims, demands, actions, damages, proceedings, costs or expenses of any type arising out of or in any way connected with the Overseas Programme and/or breach of my undertakings herein.

4. I agree to comply with all applicable rules/regulations, instructions and requirements as may be prescribed from time to time by NTU and/or the Host University/Host Organization.

5. I acknowledge that I have read and understood the terms and conditions of the applicable insurance policy which has been subscribed by Nanyang Technological University on my behalf for the purpose of the Overseas Programme, if any, and am fully aware of all the exclusions contained therein. I agree and undertake to indemnify and keep NTU, its officers, full-time and part-time staff, servants, employees and agents indemnified from and against all liabilities, claims, demands, actions, damages, proceedings, costs or expenses of any type arising out of or in any way connected with such exclusions.

6. Notwithstanding and in addition to the foregoing, I will, at my own expense, effect and maintain adequate insurance in respect of medical and accident expenses and, where required, any third party or public liability arising out of the Overseas Programme.

7. I am able to meet the financial commitments required to participate in the Overseas Programme.

8. I declare that I am physically and mentally fit to participate and complete each and every aspect of the Overseas Programme and that I have not been advised otherwise by a qualified professional.

Yours sincerely,

Name:

WARNING

Anyone found to have consumed illegal substances, even outside Singapore, will face the penalty of imprisonment of up to 10 years, fine not exceeding \$20,000, or both.

NOTE

All matters arising from or in connection with the content herein shall be determined in accordance with the laws of the Republic of Singapore and the parties agree to submit to the exclusive jurisdiction of the courts of Singapore.

Last Updated: May 2023

PARTICULARS OF UNIVERSITY-SANCTIONED TRIP (UST) FORM

(A) PERSONAL PARTICULARS OF PARTICIPANT	
<p>1. Full Name (underline your surname): _____</p> <p>2. Matric Number: _____</p> <p>3. Nationality: _____</p> <p>4. Singapore Permanent Resident: <u>Yes / No</u>*</p> <p>5. Date of Birth (DD/MM/YYYY): _____</p> <p>6. Gender: <u>Male/Female</u>*</p>	<p>7. Tel No.: _____(Home) _____(Handphone)</p> <p>8. Email Address: _____</p> <p>9. Programme in NIE: _____</p> <p>10. Month and Year of Intake: _____</p>

(B) ACTIVITY DETAILS		
Local or Overseas* Attachment	Start Date (DD/MM/YYYY)	
	End Date (DD/MM/YYYY)	
Host University or Organisation Name:		

**circle whichever is applicable*

Brief description of activity and full itinerary (itinerary can be attached as an annex to this submission):

Students travelling overseas are required to buy travel insurance with NTU or their own choice of insurer and complete Section C below. Requests to go overseas will be rejected if there is no valid travel insurance. (If you have purchased NTU's travel insurance, the policy number is 52324311)

(C) TRAVEL INSURANCE POLICY DETAILS

Name of Insurer	
Insurer Hotline Number (in the event of emergencies)	
Type of Policy	
Policy Number	
Start and End Dates of Policy (ensure you are covered on all days while you are overseas)	
From (DD/MM/YYYY): _____	
To (DD/MM/YYYY) : _____	

A) 1st Emergency Contact	B) 2nd Emergency Contact
Name:	Name:
Relationship to Participant:	Relationship to Participant:

<p>Contact Details:</p> <p>_____ (Home)</p> <p>_____ (Handphone)</p> <p>_____ (Email address)</p>	<p>Contact Details:</p> <p>_____ (Home)</p> <p>_____ (Handphone)</p> <p>_____ (Email address)</p>
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(D) To be completed by parent/guardian* of participant under 21 years of age

I allow/do not allow* my son/daughter/ward* to undergo his/her* Activity / Event / Overseas Trip or Attachment and agree that I will not hold NTU/NIE and its officers, or any of its full-time or part-time staff responsible or liable in any way for, and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury or property damage) caused by or sustained as a result of his/her participation in the Activity / Event / Overseas Trip or Attachment.

To the extent permitted by law, I will indemnify NTU/NIE and keep NTU/NIE indemnified from and against all liabilities, claims, actions, damages, costs or expenses of any type arising out of or in any way connected with my son's/daughter's/ward's* participation in the Activity / Event / Overseas Trip or Attachment or breach of his/her* undertakings herein, including all injuries that may be suffered by my son/daughter/ward* before, during or after the Activity / Event / Overseas Trip or Attachment.

Name of Parent/Guardian*:

Relationship to Participant:

Contact Number :

Signature of Parent/Guardian* : _____

Date : _____

**circle whichever is applicable*

Last updated: 5 May 2023