ntuc income

APPLICATION FOR FAMILY INSURANCE PLAN

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

For Official Use

Adviser's Name	Adviser's Code	Source Code	Delivery Mode ☐ Mail ☐ Hand

Particulars of Proposer/Insured

Name (as shown in NRIC)				NRIC No.	Gender ☐ Male ☐ Female
Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced		Nationality ☐ Singaporean ☐ Singapore PR ☐ Others (Please specify) ______
Residential Address					
Contact No. (O) (H) (Hp)				Email	
Name of Company/School	Occupation/Position			Annual Income (S$)	
Exact Nature of Work					

Particulars of Insured (if different from Proposer)

INSURED 1:
Relationship with Proposer ☐ Child (Below age 18) ☐ Spouse ☐ Other ______ (Please specify)

Name (as shown in NRIC)				Birth Certificate/NRIC No.	Gender ☐ Male ☐ Female
Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Occupation/Position		Nationality ☐ Singaporean ☐ Singapore PR ☐ Others (Please specify) ______
Name of Company/School			Exact Nature of Work		

INSURED 2:
Relationship with Proposer ☐ Child (Below age 18) ☐ Spouse ☐ Other ______ (Please specify)

Name (as shown in NRIC)				Birth Certificate/NRIC No.	Gender ☐ Male ☐ Female
Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Occupation/Position		Nationality ☐ Singaporean ☐ Singapore PR ☐ Others (Please specify) ______
Name of Company/School			Exact Nature of Work		

INSURED 3:
Relationship with Proposer ☐ Child (Below age 18) ☐ Spouse ☐ Other ______ (Please specify)

Name (as shown in NRIC)				Birth Certificate/NRIC No.	Gender ☐ Male ☐ Female
Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Occupation/Position		Nationality ☐ Singaporean ☐ Singapore PR ☐ Others (Please specify) ______
Name of Company/School			Exact Nature of Work		

Details of Plan(s)/Rider(s)

	Product Code	Sum Assured ($)	Term	Premium Payable ($)
SELF				
INSURED 1				
INSURED 2				
INSURED 3				

NTUC Income Insurance Co-operative Limited
NTUC Income Centre 75 Bras Basah Road Singapore 189557 | t. 63 INCOME/6788 1777 | f. 6338 1500 | csquery@income.com.sg | www.income.com.sg

Payment Method and Mode

Premium Payment Mode ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly	Renewal Premium Payment Method ☐ GIRO ☐ Cash	
First Premium Payment Method ☐ Cash ☐ Cheque No. ________ (Payable to NTUC Income) ☐ GIRO ☐ Credit Card (VISA/MasterCard)	Commencement Date (dd/mm/yyyy)	Receipt No.

GIRO Arrangement

☐ New GIRO application (Please complete and attach new Application for Interbank GIRO Form) ☐ Third Party
☐ Existing GIRO arrangement (Please furnish details below):

Name of Account Holder	NRIC No. of Account Holder	Name of Bank/Branch	Bank Account No.

Credit Card Authorisation

I hereby authorise NTUC Income to deduct the first premium amount from my credit card account for this insurance application.

Name of Cardholder	Credit Card No. (VISA/MasterCard)	Card Expiry Date (mm/yyyy)
Relationship to Proposer (if different from Proposer)	Issuing Bank	Signature of Cardholder (as per Credit Card)

Declaration/Replacement of Existing Policy(ies)

	Proposer	Insured 1	Insured 2	Insured 3
1. Do you have any existing policy(ies)? If "Yes", please provide details below.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Proposer

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident & Hospitalisation	Others
		Life	Critical Illness	Term			

Insured 1

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident & Hospitalisation	Others
		Life	Critical Illness	Term			

Insured 2

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident & Hospitalisation	Others
		Life	Critical Illness	Term			

Insured 3

Name of Company	Year Issued	Sum Assured			Total & Permanent Disability	Accident & Hospitalisation	Others
		Life	Critical Illness	Term			

 LI/I001/Life/06/2011

Declaration/Replacement of Existing Policy(ies) (Continued)

	Proposer	Insured 1	Insured 2	Insured 3
2. Has any proposal or application for a Life or Accident or Hospital Assurance Policy ever been declined, postponed and accepted at special rates or terms with this or any other office? If yes, please provide details of company(ies) and why.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Are you making or have you made any claims, including hospitalization claims, or any policy with this or any other office?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Is the assurance now applied for intended to replace any existing policy(ies) with this or any other office? Warning: It is disadvantageous to replace an existing life insurance policy with a new one. Some of the disadvantages are: i. Insurance may not be granted on standard terms; ii. A higher premium may have to be paid in view of increased age; iii. The financial benefits accumulated over the years may be lost. In your own interest, we would advise that you consult your present insurer (s) before making a final decision. Do hear out both sides and make a careful comparison so that you can be sure that you are making a decision that is in your best interest.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If your answer is "Yes" to Questions 2-4, please provide details below:

Proposer

Question No.	Details

Insured 1

Question No.	Details

Insured 2

Question No.	Details

Insured 3

Question No.	Details

Lifestyle

	Proposer	Insured 1	Insured 2	Insured 3
1. Do you consume beer, alcohol, or any other stimulants?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Do you smoke cigarettes, cigar, etc?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Do you have any intention of residing abroad for more than 3 months other than for holidays or studies? If "Yes", please provide details below including country, duration and reason.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Do you engage or have you any prospect or intention of engaging in military or private flying other than as a passenger on a regular airline or any other hazardous occupation or pursuits such as scuba diving, mountain/rock climbing, free fall parachuting, sky diving, motor racing etc?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Have you been taking narcotics, any habit formed drugs or have you been ever treated for drug or alcohol addiction?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Lifestyle (Continued)

If your answer is "Yes" to the above questions, please provide details below:

Proposer

Question No.	Details
1	Type (e.g. beer, wine or other alcoholic beverages): ______ Quantity per week: ______
2	______ sticks per day for ______ years

Insured 1

Question No.	Details
1	Type (e.g. beer, wine or other alcoholic beverages): ______ Quantity per week: ______
2	______ sticks per day for ______ years

Insured 2

Question No.	Details
1	Type (e.g. beer, wine or other alcoholic beverages): ______ Quantity per week: ______
2	______ sticks per day for ______ years

Insured 3

Question No.	Details
1	Type (e.g. beer, wine or other alcoholic beverages): ______ Quantity per week: ______
2	______ sticks per day for ______ years

Family History

	Proposer	Insured 1	Insured 2	Insured 3
Has either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If "Yes", please provide details of age(s), relationship and cause of death or condition(s).	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Proposer

Family Record	Living			Deceased	
	Age	Medical Condition	Age at Onset	Age at Death	Cause of Death & Details

Insured 1

Family Record	Living			Deceased	
	Age	Medical Condition	Age at Onset	Age at Death	Cause of Death & Details

Family History (Continued)

Insured 2

Family Record	Living			Deceased	
	Age	Medical Condition	Age at Onset	Age at Death	Cause of Death & Details

Insured 3

Family Record	Living			Deceased	
	Age	Medical Condition	Age at Onset	Age at Death	Cause of Death & Details

Particulars of Regular Doctor

	Proposer	Insured 1	Insured 2	Insured 3
Do you have a regular doctor? If "Yes", please provide details below:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Proposer

Name of Doctor	Address of Regular Doctor
Date, Reasons and Details of Last Consultation	

Insured 1

Name of Doctor	Address of Regular Doctor
Date, Reasons and Details of Last Consultation	

Insured 2

Name of Doctor	Address of Regular Doctor
Date, Reasons and Details of Last Consultation	

Insured 3

Name of Doctor	Address of Regular Doctor
Date, Reasons and Details of Last Consultation	

Questions on Health

	Proposer	Insured 1	Insured 2	Insured 3
1. Have you ever had or been told to have or been treated for: (a) epilepsy, fits, stroke, paralysis, weakness of limb, persistent headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(b) diabetes, thyroid disorders or any other endocrine disorders?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(c) double vision, impaired sight, hearing or speech, ear discharge, nose bleeds or any other disorders of eye, ear, nose or throat?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(d) asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung diseases?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(e) raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapsed or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorder of the heart or blood vessels?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(f) gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(g) jaundice, hepatitis B carrier or any other form of hepatitis, liver disorder or gall bladder disorder?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(h) blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(i) slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(j) cancer, tumour, cyst or growth of any kind?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(k) anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(l) any other illness, disorder, operation, physical disability or accident not mentioned above?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
2. Have you or your spouse received any medical advice, counselling or treatment in connection with sexually transmitted diseases, AIDS, AIDS Related Complex or any other AIDS related conditions?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
3. Have you had HIV testing done (please state reason and results), or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
4. In the past five years, have you had any test done such as X-ray, ultrasound, CT scan, biopsy, pap smear, electrocardiogram (ECG), blood or urine test?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Additional Health Questions for Female only (For age 10 and above)				
5. (a) Have you had or received any treatment for or intend to be treated for any disease or disorder of the breast including breast lump, cyst, fibroadenoma, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ, cancer or growth?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(b) Have you had or received any treatment for or intend to be treated for any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, abnormal enlargement of the abdomen, carcinoma in situ or cancer?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(c) Have you at any time undergone a PAP smear, mammogram or ultrasound of the breasts or pelvis, cone biopsy or colposcopy for which the results were abnormal?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(d) Have you had any complications during your pregnancy or as a result of your pregnancy? (E.g. ectopic pregnancy, diabetes, high blood pressure or protein in urine)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(e) Have any of your children suffered from hereditary disorders? (E.g. Spina bifida or Down's Syndrome)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(f) Have any of your children suffered from congenital disorders? (E.g. Club foot, Hole-in-heart or Cleft lip/palate)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
(g) Are you now pregnant? If "Yes", how many months?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

If you answered "Yes" to Questions 1–5, please provide details below:

- Name of condition and date of diagnosis;
- Name and address of each doctor/hospital;
- Duration of illness/injury and date of recovery as appropriate; and
- Nature of tests done, dates, results and reasons for tests
- Copy of the above test(s), if any

(Kindly indicate whether it is for the Proposer or Insured)

Declaration of Beneficial Ownership

If you are not the beneficial owner*, please provide the details such as Name and NRIC/Passport No. of the beneficial owner(s) and your personal relationship(s) with them and submit a copy of their NRIC/Passport to us.

Please provide relevant details here : ______________________

* "Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

For the avoidance of doubt, completion of this section is not a nomination of beneficiary (ies)under the policy.

Declaration and Authorisation

I/We agree to inform NTUC Income as soon as possible if there is any change in the state of my health and/or Insured's health or if I and/or Insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by NTUC Income. I/We understand that NTUC Income may impose special terms according to the information provided by me/us.

I/We declare and warrant that the answers given in this application are true, correct and complete and I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid.

I/We agree that there shall be no liability upon NTUC Income until a policy has been issued and delivered to me and the first premium has been paid in full. And I/We agree and authorise:
(a) Any medical source, insurance office, or organisation to release to NTUC Income, and
(b) NTUC Income to release to any medical source or insurance office,
any relevant information concerning me/us at the time, irrespective of whether the application is accepted by NTUC Income or not. A photocopy is valid as an original copy.

I/We understand that it is usually disadvantageous to replace an existing investment product e.g. unit trust, with a new investment product, whether from the same/different financial institution.

I/We have been given the following documents, the contents of which were explained to my satisfaction:
(a) Your Guide to Life Insurance or Your Guide to Health Insurance or both, (b) Products Summary, and (c) Benefit Illustration.

I/We confirm that the entire marketing and selling process in respect of my/our proposed insurance application has been conducted in Singapore.

I/We agree that the policy will be entered in the Register of the Singapore policies.

I/We further declare that I/we am/are not (an) undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and that no receiving order or adjudication in bankruptcy has been made against me/us during that period.

I/We also wish to apply for admission as a member of NTUC Income and if accepted, I/We agree to be bound by the By-Laws of NTUC Income.

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the adviser but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signed in Singapore on the ______ day of ______ 20

Signature of Proposer/Parent/Legal Guardian	Signature of Witness
Signature of Insured 1 (For age 16 and above)	Name & NRIC No. of Witness
Signature of Insured 2 (For age 16 and above)	
Signature of Insured 3 (For age 16 and above)	

Parental Consent

To be completed by parent/legal guardian if the proposer is between 10-16 years old
I hereby give my consent for a life insurance policy to be issued on the life of my child/ward and that he/she is the proposer of the policy.

Name of Parent/Legal Guardian	NRIC/Passport No.
Relationship to Child ☐ Parent ☐ Legal Guardian (Please submit legal documents showing proof as legal guardian)	Signature of Parent/Legal Guardian and Date

Adviser's Declaration

1. I declare that all the answers given to me by the Proposer/Insured are declared in the application. I have not withheld any information which may influence the acceptance of this application by NTUC Income.
2. I am aware that NTUC Income takes a serious view of non-disclosure and action will be taken against me if I am deemed a party to the non-disclosure.
3. I have personally SEEN the Proposer/Insured and have explained the terms of the policy to the Proposer.
4. I have seen the original identification documents and attached a photocopy herewith. I confirm that the attached is a copy of the original.

Signature of Adviser ______________________ Date ______________________

5. Is the application intended to replace an existing policy? If "Yes", please provide details. ☐ Yes ☐ No