

Please continue with this Additional Section if you are applying for LUV Deluxe Plan

5. Have any of your natural parents or siblings ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which was born with or passed down from parents? If "Yes", please state the condition(s), age of onset and relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you engage in aviation activities other than as a passenger on a regular airline or any other hazardous occupation (eg. commercial diver, military pilot), sports or pursuits (eg. motor racing, rock climbing)? If "Yes", please state the activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. Have you had any application for life, accident or health insurance policy declined, postponed or accepted at other than normal terms? If "Yes", please advise the reason and the medical condition(s) if any.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7b. Have you submitted any claim under any life, health and/or accident policies, whether individual or group plans, with any insurers within the last 12 months? If "Yes", please provide details accordingly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you smoke 20 (or more) sticks of cigarettes per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Except for Question 8, if you have answered "Yes" to any of the questions, please provide details. For questions 2 to 5, please provide exact diagnosis, date of onset, investigations and results, treatment and current status. Please include the respective question number(s) and name of insured for your answer. Please use extra paper if required.

Declaration by Proposer/Insured(s)

I/We agree to inform NTUC Income as soon as possible if there is any change in the state of my and/or the life to be insured's health or if I and/or the life to be 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 terms, including limiting or reducing the insurance cover or sum assured of this proposal 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 NTUC Income's liability shall only commence when the proposal is accepted by them, the first premium is paid in full and written notification of the commencement of cover is made known to me/us.

I/We am/are aware that I/we can seek advice from an insurance adviser before I/we sign this application. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate for my/our financial needs and insurance objectives.

I/We have read Your Guide to Life Insurance and/or Your Guide to Health Insurance (if applicable) found on www.lia.org.sg.

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

I authorise NTUC Income to deduct from my GIRO account for the premiums due for the insured(s) named in this application and who are covered under this plan.

I am aware that the policy will cease if I am no longer a member with NTUC.

If a material fact is not disclosed in this proposal, 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 agent but was not included in the proposal. Please check to ensure you are satisfied with the information declared in this proposal.

Signature of Proposer

Signature of Spouse (If to be insured)

Date (dd/mm/yyyy)

For Referral Scheme

Referred by

Referral's NRIC/PP No./Official Code (compulsory field)

