ntuc income

APPLICATION FOR OVERSEAS STUDENT PERSONAL ACCIDENT

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.

Particulars of Proposer

Name of Proposer (as shown in NRIC)	Date of Birth (dd/mm/yyyy)	NRIC No.
Residential Address	Nationality	Gender ☐ Male ☐ Female
Contact No. (O) (H) (Hp)	Email	

Particulars of Insured (If different from the Proposer)

Name of insured (as shown in NRIC)	Date of Birth (dd/mm/yyyy)	NRIC No.
Residential Address	Nationality	Gender ☐ Male ☐ Female
Contact No. (O) (H) (Hp)	Email	Relationship to Proposer

Particulars of Insurance

Period of Insurance (dd/mm/yyyy) (both dates inclusive) From _____ To _____	Choice of Plan (Please indicate)
Institute	Country

PERIOD	PREMIUM (inclusive of 7% GST)		PERIOD	PREMIUM (inclusive of 7% GST)	
	Classic	Deluxe		Classic	Deluxe
1 Month	$35.31	$55.64	9 Months	$228.98	$387.34
2 Months	$55.64	$101.65	10 Months	$249.31	$428.00
3 Months	$81.32	$147.66	11 Months	$274.99	$468.66
4 Months	$107.00	$188.32	1 Year	$306.02	$509.32
5 Months	$132.68	$228.98	2 Years	$560.68	$968.35
6 Months	$158.36	$269.64	3 Years	$795.01	$1,426.31
7 Months	$182.97	$310.30	4 Years	$1,018.64	$1,833.98
8 Months	$203.30	$352.03			

Declaration by Proposer

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/we accept full responsibility for them. I/We have not withheld any material information. I/We agree that this proposal and other written statements, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income. I/We acknowedge that the liability of NTUC Income does not commence until this proposal has been accepted and the premium paid and received in full by NTUC Income. I/We am/are aware that I/we can seek advice from a qualified adviser before I/we sign this proposal. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.

Note: It is usually detrimental to replace an existing accident and health insurance policy with a new one. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.

_____ Signature of Proposer

_____ Date (dd/mm/yyyy)

For Official Use

Adviser's Name	Adviser's Code		Policy Delivery ☐ Hand ☐ Mail
Policy No.	U/W	GP31	Date (dd/mm/yyyy)

GI/G610/PC/09/2009

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