

APPLICATION FOR PERSONAL ACCIDENT INSURANCE (Individual)

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 (as shown in NRIC)	NRIC No.	Date of Birth (dd/mm/yyyy)
Residential Address	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No. (O) (H) (Hp)	Email	Occupation

Particulars of Insured (If different from the Proposer)

Name of Insured (as shown in NRIC)	NRIC No.	Date of Birth (dd/mm/yyyy)
Contact No. (O) (H) (Hp)	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Email	Relationship to Proposer	Occupation

Nature of work (Please tick appropriately)

- Class I Professions or occupations of professional, administrative, managerial or clerical involving indoor and non-manual nature. Management with overseas travel of less than 12 times a year.
- Class II Professions or occupations of outdoor nature or involving manual work whose duties do not involve use of tools or machinery. Management with overseas travel 12 or more times a year.
- Class III Professions or occupations involving manual work whose duties involves use of tools or machinery (other than woodworking machinery).
- Class IV Commercial airline crews, full time national servicemen, firemen, policemen, regular national servicemen, prison wardens, steermen, armed security guards, carpenters and woodworking machinists
- Referred Class Working on board vessel, navy crews, airforce pilots, chemical plant workers, martial art instructors, lion dance training.

Particulars of Insurance

Period of Insurance (dd/mm/yyyy) (Both dates inclusive):				From _____ to _____
Choice of Plan (Please tick only one)	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	
Accidental Death	\$50,000	\$100,000	\$200,000	
Permanent Disablement	\$50,000	\$100,000	\$200,000	
Accidental Medical Expenses	\$1,000	\$2,000	\$3,000	
Increased Sum Insured				
- Accidental Death & Permanent Disablement (in multiples of \$50,000, applicable to Plan 3 only)			\$	
- Accidental Medical Expenses (in multiples of \$1,000) (Limit to 10% of the Sum Insured for Accidental Death Benefit or \$10,000, whichever is lower)			\$	
Optional Coverage				
- Additional Accidental Death Benefit for Public Conveyance (Sum Insured will be equal to 100% Sum Insured for Accidental Death Benefit)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Weekly Cash Benefit (in multiples of \$100/week) (Limit to 0.7% of the Sum Insured for Accidental Death Benefit or 20% of monthly earnings or \$1000/week, whichever is lower)			\$ /week	
- Daily Hospitalisation Income (in multiples of \$50/day) (Limit to 0.1% of the Sum Insured for Accidental Death Benefit or 3% of monthly earnings or \$300/day, whichever is lower)			\$ /day	
- Emergency Evacuation & Repatriation (in multiples of \$50,000) (Limit to 100% of the Sum Insured for Accidental Death Benefit)			\$	
- Motorcycling Risk (additional premium: 25%)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

GI/G610/PC/09/2009

Other Particulars of Insured

1. Do you have any other Personal Accident Insurance? Have you ever made a claim against any insurer in respect of an injury? If Yes, with which Company or Companies, and for what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you suffer from any physical defect or infirmity or disease of any kind? If Yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you engage in any hazardous sports or activities? If Yes, please indicate the frequency of such activities per year and give details on the nature of the sports or activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your occupation involve working at height? If Yes, please indicate the highest level when working at height and give details on the nature of the occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been declined or accepted on special terms for Life, Accident or Medical Insurance or has any Company ever cancelled or refused to renew your policy? If Yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you travel frequently? If Yes, please indicate the frequency per year and the duration of each trip.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How much is your average monthly earnings? - If Death coverage is more than \$500,000 and above, please provide latest IR8A or Income Tax Returns. - If Weekly Cash Benefit is \$700 and above, please provide Salary Payslip for past 3 months.	\$ _____ monthly

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 acknowledge 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.

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 fully satisfied with the information declared in this proposal.

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)

IMPORTANT NOTES

1. Please do not leave any answer blank. Fill "NIL" or "NA" where not applicable.
2. Please note that the minimum premium payable is \$35.31 (inclusive of 7% GST).
3. This policy covers an Insured Person while in Singapore and while outside Singapore for a period not exceeding one hundred and eighty (180) consecutive days at a time from the date of departure from Singapore. Any extension is subject to underwriting and additional premium.

For Official Use

Adviser's Name	Adviser's Code	Policy Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Hand
Policy No.	Premium	Remarks