

APPLICATION FOR PAID

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 this insurance policy issued may not be valid.

Particulars of Proposer

Name (as shown in NRIC/Passport)	NRIC/Passport No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please specify)
Residential Address		Date of Birth (dd/mm/yyyy)	
Contact No. (O)	(H)	(Hp)	

Particulars of Insured(s)

Relationship	Name	NRIC/Passport No.	Date of Birth (dd/mm/yyyy)	Gender (M/F)	Group (A/B)	Occupation	Plan (1/2/3)	Additional Coverage (if applicable)			Premium (S\$)
								Accidental Death/Permanent Disabilities	Accidental Medical Expenses	Daily Hospitalisation Income	
Self											
Spouse											
Child 1											
Child 2											
Child 3											
Child 4											
Sub-Total											
Less discount											
TOTAL PREMIUM											

Premium Payment Mode: Cash Cheque No.: _____ Credit Card No.: _____ Expiry Date: ____/____/____ Name: _____

Other Particulars of Insured(s)

1. Does/Do the Insured person(s) have any other Personal Accident Insurance? Has/Have the Insured person(s) 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. Does/Do the Insured person(s) 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. Does/Do the Insured person(s) engage in any hazardous sports or activities which are likely to cause bodily injury? If yes, please indicate the frequency of such activities per year and give details on the nature of sports or activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does/Do the Insured person(s)' 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. Has/Have the Insured person(s) ever been declined or accepted on special terms for Life, Accident or Medical Insurance or has any Company ever cancelled or refused to renew their policy? If Yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does/Do the Insured person(s) travel frequently? If Yes, please indicate the frequency per year and duration of each trip.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How much is the insured person(s)' average monthly earnings? (If applicable) If Death coverage is \$500,000 and above, please provide a copy of the latest IR8A or Income Tax Returns.	Self S\$ _____ monthly
	Spouse S\$ _____ monthly

Declaration and Authorisation

1. 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.
2. I/We have not withheld any material information.
3. 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.
4. 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.
5. 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.
6. I/We declare that I/we am/are not an undischarged bankrupt and I/we have not committed any act of bankruptcy within the last twelve months and that no bankruptcy order has been made against me/us during that period.

Note: 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.

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: 1. Please do not leave any answer blank. Fill "NIL" or "NA" where not applicable.

For Official Use

Agent	Code No.	Policy Delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
Policy No.	Premium	Remarks Campaign Code