

## PROPOSAL FOR STUDENT SPORTS INJURY 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.

#### Particulars of School

Name of School			
Address of School			
(Postal Code)			
Contact Person	Designation	Contact No. (O)                      (HP)	Email

#### Particulars of Lives Covered

Type of Plan <input type="checkbox"/> Plan 1  <input type="checkbox"/> Plan 2	Commencement Date: ____/____/____ dd      mm      yyyy	No. of students to be insured: _____	Type of co-curriculum activity:
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#### Declaration by Proposer/Life Insured

We declare that the foregoing answers are true, correct and complete, and, whether written by us or by anyone else on our behalf, we accept full responsibility for them. We have not withheld any material information.

We agree that this application and other written answers, statements, information or declaration made by us or on our behalf shall form the basis of the contract of insurance between us and NTUC Income. We agree that there shall be no liability upon NTUC Income until a policy has been issued and delivered to us and the premium paid in full.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature & Name

\_\_\_\_\_

School Stamp

#### **IMPORTANT**

Please attach the list of insured students together with following:

1. Full name
2. Identification number
3. Date of birth
4. Gender
5. Policy documents of Group Personal Accident Insurance Plan for students, if it is under another insurer

#### For office use only

Adviser's Name	Adviser's Code
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GH/SSIP/10/2008

#### **NTUC Income Insurance Co-operative Limited**

75 Bras Basah Road NTUC Income Centre Singapore 189557

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