

APPLICATION FOR JUNIOR PROTECTION 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 Proposer			
Name of School			
Address of School			(Postal code)
Contact Person & Contact No.		(O)	(Hp)
Contact Person & Designation		(Fax)	
		Email	

Particulars of Insured(s)	
Commencement Date (dd/mm/yyyy)	No. of students to be insured
<p>IMPORTANT:</p> <ol style="list-style-type: none"> 1. Please note 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. 2. Junior Protection Plan is applicable to childcare and kindergarten with a minimum of 10 students. 3. No refund or pro-rating of premium is allowed. 4. All students registered with the policyholder must be included in this scheme. 5. School to furnish initial name list of registered students [e.g. name, birth certificate no. and date of birth]. 6. School to furnish new name lists and figures upon renewal. 7. In the event of claims, school or parents can contact us at 6788 1122. 	

Declaration by Proposer		
<p>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.</p> <p>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.</p> <p>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.</p>		
<p>_____</p> <p>Name and Signature of Proposer</p>	<p>_____</p> <p>School Stamp</p>	<p>_____</p> <p>Date (dd/mm/yyyy)</p>

For Official Use			
Adviser's Name	Adviser's Code	Date (dd/mm/yyyy)	Policy Document Delivery Mode [please tick one] <input type="checkbox"/> By Hand <input type="checkbox"/> By Mail

GH/1050/Life/09/2009