ntuc income

APPLICATION 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 Proposer

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

Particulars of Insured(s)

Plan Type	Commencement Date (dd/mm/yyyy)	No. of students to be insured	Type of co-curriculum activity
☐ Plan 1 ☐ Plan 2			

Declaration by Proposer

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.

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.

Name and Signature of Proposer	School Stamp	Date (dd/mm/yyyy)

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 Official Use

Adviser's Name	Adviser's Code	Date (dd/mm/yyyy)	Policy Document Delivery Mode [please tick one] ☐ By Hand ☐ By Mail

GH/SSIP/09/2009