

Application for SilverCare insurance (individual)

Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may not be valid.

For official use

Adviser's name	Adviser's code	Campaign code
Policy number		Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail

Your details

Name (as shown in NRIC)	NRIC number	Date of birth (dd/mm/yyyy)
Residential address	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact number (Office) (Home) (Handphone)	Email	Occupation

Details of the life to be insured (if different from you)

Name (as shown in NRIC)	NRIC number	Date of birth (dd/mm/yyyy)
Contact number (Office) (Home) (Handphone)	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Email	Relationship to you	Occupation

Details of insurance

Is this the first time you have bought SilverCare insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy start date (dd/mm/yyyy):		
Choice of plan (Please tick one only.)	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3
Yearly premium (including 7% GST):	\$128.40	\$160.50	\$203.30
<i>For someone aged 76 years and above (only applies for renewals)</i>			
Yearly premium (including 7% GST):	\$197.95	\$262.15	\$331.70

Questionnaire for the life to be insured

1 Do you have any mobility problem and need walking sticks, a wheelchair, a walker or crutches to help you with moving around daily? If 'yes', please give details of your mobility condition, how long have you been using the mobility aid? Are you under any medication to treat your mobility problem or do you need medical follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Do you have or have you ever had, any accident, disease, infirmity, illness or physical problems? If 'yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Have you had to stay in hospital during the last five years? If 'yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Do you have any other personal accident insurance? Have you ever made a claim against any insurer for an injury? If 'yes', please give details of the company and the amount claimed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Have you ever been refused insurance or had it ended or had special terms or exclusions placed on you by any insurance companies? If 'yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration for switching of policies (only applicable if advice is provided by intermediary)

1. Is the insured person switching from an existing Accident and Health policy? If yes, please proceed to answer Q2 and Q3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What type of policy is the insured person switching from?	<input type="checkbox"/> Personal Accident policy <input type="checkbox"/> Health policy
3. Was this switch recommended by your financial adviser?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the insured person is switching from a Personal Accident policy, please fill up Appendix A . If the insured person is switching from a Health policy, please fill up the My Financial Portfolio form.	

How you will pay your premium

<input type="checkbox"/> Cash This only applies in branches	<input type="checkbox"/> Cheque number: _____ This only applies in branches
<input type="checkbox"/> Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Payment options: <input type="checkbox"/> One-time payment only <input type="checkbox"/> One-time and recurring payment Relationship to cardholder: <input type="checkbox"/> Self <input type="checkbox"/> Others (please state): _____ Credit card number: _____ Expiry date: _____ / _____ Name of cardholder: _____ _____ <div style="display: flex; justify-content: space-between;"> Cardholder's signature Date (dd/mm/yyyy) </div>	
A recurring payment means we will take the premium from the chosen credit-card account for future renewals.	

Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any supplementary form or any document provided, or to be provided to us by you or your insured persons or from other sources from time to time including personal data of additional insured persons to be covered, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;

- (d) local or overseas service providers to provide us with services such as courier service, underwriting survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

5. Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products, and related services, programmes and events, via telephone calls, text messages, faxes, mails, or emails.

Yes No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

6. Income's rewards programme

Please indicate if you wish to be a member of Income's rewards programme.

Yes No

If you would like to receive updates on the rewards programme, please also select "Yes" under the marketing material option.

For more information on Income's rewards programme, please visit www.income.com.sg/rewards

Declaration and authorisation

- 1 I confirm that I understand and agree to the Product Summary.
- 2 I have not withheld any material information relating to this application. I accept full responsibility for it.
- 3 I understand that all pre-existing medical conditions are not covered.
- 4 I am aware that I am not covered for any dangerous activities or sports.
- 5 I agree that this application and other written statements, information or declaration I have made or made on my behalf, will form the basis of the contract of insurance between me and Income.
- 6 I acknowledge that you will not be legally responsible for any claims until you have accepted this application and you have received the premium in full.
- 7 I am aware that I can get advice from a qualified adviser before I sign this application. If I choose not to, I take full responsibility for making sure that this product is appropriate for my financial needs and insurance aims.
- 8 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 9 I confirm that I understand and agree to the 'Personal data collection statement'.

You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this cover. If you fail to reveal any material information in this application, you may not receive any benefits under your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this application.

It is usually not a good idea to replace an existing accident and health-insurance policy with a new one. If you end the policy early, you may have to pay a higher premium or have new and extra conditions attached to your new policy. You will not get a full refund of premiums paid under your policy.

Your signature

Date (dd/mm/yyyy)

Signature of life to be insured

Date (dd/mm/yyyy)

Important notes

- 1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.
- 2 This policy covers an insured person while in Singapore and while outside Singapore for a period of no more than 180 days in a row from the date of leaving Singapore.

Appendix A

If you intend to switch from your other personal accident insurance policy to this replacement personal accident insurance policy:

- a. the fee or charge that you have to bear is _____
- b. the changes in level of benefits will be:

	Original Policy	Replacement Policy
Insurer and Product Name		
Sum Assured		
Benefits		
Coverage		
Duration of coverage		
Premiums		
Differences		

The comparison made by us is based on the information disclosed by you on behalf of all applicants (including any dependents if family coverage is required). Any incomplete or inaccurate information provided by you may affect the comparison made.

Signature of advisor

Signature of client
(on behalf of all applicants)

Date

Date

SilverCare Product Summary

Premium Rates Table

The annual premium rates for this plan are as set out below. Please note that the premium rates are not guaranteed and may be reviewed from time to time depending on our claims experience.

Entry Age	Yearly premium		
	Plan 1	Plan 2	Plan 3
Age 50 to 75 years old	\$128.40	\$160.50	\$203.30
Age 76 years old and above (For renewal only. The last entry age is 75.)	\$197.95	\$262.15	\$331.70

Premium rates are inclusive of 7% GST, non-guaranteed and may be reviewed from time to time.

The Total Distribution Cost of this product is between 10.5% - 15.5% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to the policyholder; it has already been allowed for in calculating the premium.

Product Information

This is a personal accident policy and will protect the policyholder and the insured person financially when there is a death or an injury caused by an accident which happens during the policy period. The amount we will pay depends on the conditions and maximum benefit limits of the insured person's plan as set out in the Table of Cover below.

This policy is not a Medisave-approved policy and the policyholder may not use Medisave to pay the premium for this policy.

Table of Cover¹

Maximum benefit (S\$)				
Benefits		Plan 1	Plan 2	Plan 3
Section 1	Final expenses	\$10,000	\$10,000	\$10,000
Section 2	Permanent disability (in each policy year)	\$30,000	\$40,000	\$50,000
Section 3	Outpatient expenses due to accident (in each policy year)	\$500	\$600	\$700
Section 4	Hospitalisation expenses due to accident (for each accident)	\$1,000	\$2,000	\$3,000
Section 5	Extra medical expenses for burns, broken bones and fractures (for each policy year)	\$1,000	\$1,500	\$2,000
Section 6	Daily hospital income (up to 60 days for each accident)	\$50 per day	\$75 per day	\$100 per day
Section 7	Ambulance fee (for each accident)	\$100	\$150	\$200
Section 8	Mobility aids (for each accident)	\$1,000	\$1,000	\$1,000
Section 9	Rehabilitation and physiotherapy (up to \$100 per visit in each policy year)	\$500	\$500	\$500
Section 10	Senior day-care, home-care or nursing-home service (in each policy year)	\$500	\$1,000	\$1,500

Additional benefits payable for 50% or more Permanent Disability (based on the scale of compensation):

Section 11	Modifying your home (once a lifetime)	\$3,000	\$4,000	\$5,000
Section 12	Home-cleaning services (for each accident)	\$200	\$350	\$500
Section 13	Training your caregiver (once for each accident)	As Charged		
Lifetime Limit		\$60,000	\$80,000	\$100,000

¹Note: Please refer to the Policy Conditions on details of policy coverage

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and the policyholder is advised to refer to the actual terms and conditions in the contract. Please consult your Financial Services Consultant should you require further explanation.

1. Eligibility

This policy is only available to the insured person if the insured person:

- and the policyholder hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit or Long Term Visit Pass;
- is living or working in Singapore, or living outside Singapore for no more than 180 days at any one time;
- is between 50 and 75 years of age (we may continue to provide cover beyond age 75, based on new conditions to be applied to the policy); and
- has fully paid his/her premium.

2. Free-Look Period

We will give the policyholder 14 days from the time they receive this policy to decide whether to continue with it. If the policyholder does not want to continue, he/she may write to us to cancel this policy and get a full refund of the premium paid. We consider that this policy has been delivered (and received) seven days after we post it.

3. Cancellation Clause

We can cancel the policy by giving 30 days’ notice by post to the policyholder’s last-known address. We will consider that they have received this cancellation notice on the same day if we deliver the notice by hand, fax or email.

The policyholder may cancel this policy by telling us and the cancellation will apply from the date we receive the notice of cancellation. For cancellation after 14 days from the date the policyholder receives the policy and as long as there has been no claim made under this policy, we will work out the refund premium as follows.

<p>Period of insurance (in days) still left to run divided by the original period of insurance of the policy</p>	X	<p>85% of the premium paid</p>
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If the policy is cancelled, we will not refund any premium below \$37.45 (after GST). We will pay all premium refunds to the policyholder.

4. Terms of Renewal

This is a short-term accident and health policy and we are not required to renew this policy. We may end this policy by giving the policyholder 30 days' notice in writing.

5. Claims Conditions

- a The insured person or the policyholder must tell us as soon as possible, and in any case within 30 days, about any accident which may give rise to a claim under this policy.
- b The insured person or anyone acting for the insured person must not:
 - i) misrepresent any circumstance which affects the insured person's health condition, country of residence or pursuits or any information which may affect our decision to accept the insured person's application;
 - ii) make a claim under this policy knowing the claim to be false or fraudulently exaggerated in any way;
 - iii) make a statement to support a claim knowing the statement to be false in any way;
 - iv) send us a document to support a claim knowing the document to be forged or false in any way; or
 - v) make a claim for any loss or damage caused by the insured person's deliberate act or with the insured person's knowledge.
- c If all or part of any expenses from other sources can be recovered, we will only pay the policyholder the amount that cannot be recovered.
- d We pay all claims in Singapore dollars. If the insured person suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars at the exchange rate which we will decide on the date of the loss.
- e The policyholder, the insured person or the insured person's legal representatives must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, we may need before we assess the insured person's claim. We will not refund any expense which the insured person cannot provide original receipts or invoices for.

For further information, you can visit or contact us via any of the following channels:

- (i) <http://www.income.com.sg/forms/claims/care.aspx?ext=.pdf>
- (ii) pcc@income.com.sg
- (iii) 6788 6616

6. Exclusions

There are certain conditions whereby we will not pay any benefits under this plan. These are shown as exclusions in the policy conditions. Some of the exclusions for this plan include, but are not limited to the following listed below. You should read the policy conditions which can be found at **www.income.com.sg/silvercare-policy-conditions.pdf** for the full list of exclusions.

This policy does not cover claims directly or indirectly caused by or arising from:

- a any disability or death that is caused by sickness (for example, a heart attack or stroke, pathologic fracture or deterioration of a general health condition such as osteoporosis) and not by an injury;
- b pregnancy, childbirth, abortion, miscarriage not due to an accident or all complications arising from these conditions;
- c any physical disability or defects which existed before the start of the insured person's policy, or pre-existing medical conditions;

- d the insured person taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls) or mountaineering which involves using ropes, any underwater activities involving using underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (Building, Antenna, Span, Earth) jumping, paragliding, hang gliding, parachuting, white-water rafting, dragon boating, hunting, horse riding, polo, show jumping, mountain biking but not including the following activities carried out for leisure purposes under the supervision of a licensed guide or instructor: hot-air balloon ride while airborne, ice or winter sports, hiking or trekking;

7. Change in circumstance

If there is any change in circumstances affecting the insured person's risk, he/she must give us immediate written notice and pay any extra premium that we may ask for. In particular, he/she must tell us about any change in his/her health condition, the country where he/she is living in or his/her pursuits.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

It is usually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefit at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).