

Application for SpecialCare (Autism) insurance

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.

Your details as policyholder

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

Your child's or ward's details as insured

Name (as shown in NRIC)		NRIC number	Date of birth (dd/mm/yyyy)
Relationship to you		Nationality <input type="checkbox"/> Singapore citizen <input type="checkbox"/> Singapore permanent resident	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact number (Office)	(Home)	(Handphone)	
Residential address (if different from policyholder)			
Occupation (if this applies)		Name of current education institution/employer (if this applies)	

Details of insurance

Policy start date (dd/mm/yyyy):		
Choice of plan (Please tick one only.)	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2
Yearly premium (including 7% GST)	\$ 198.00	\$ 352.00

Other details of insured

1 Does the insured have any mobility problem and need walking sticks, a wheelchair, a walker or crutches to help them with moving around daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes', please give details of the insured's mobility condition, how long have they been using the mobility aid? Is the insured under any medication to treat their mobility problem or do they need medical follow-up?
2 Has the insured visited a medical clinic or hospital because of an injury in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes', how many times has the insured visited a clinic or hospital due to an injury? Please give details of each visit and if the insured need any medical follow up?
3 Is the insured suffering from any of the following conditions? a. Epilepsy b. Total blindness or deafness c. Diabetes which needs treatment with insulin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes', • When was the insured diagnosed with the condition? • Is the insured currently under any medication to treat their condition? • Does the insured need any medical follow-up? How often?

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"/> GIRO arrangement Please fill in and attach a new Interbank GIRO form
<input type="checkbox"/> Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Payment frequency: Yearly Recurring Relationship to cardholder: <input type="checkbox"/> Self <input type="checkbox"/> Others (please state): _____ Credit card number: _____ Expiry date: _____ / _____ Name of cardholder: _____ <hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;"> Cardholder's signature Date (dd/mm/yyyy) </div>		
We will take the yearly 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 this policy does not cover 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.

Signature of policyholder

Date (dd/mm/yyyy)

Important note

- 1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

For official use

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

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

SpecialCare (Autism) 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
Age 15 days to 30 years old	\$198.00	\$352.00

Premium rate is 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 (\$\$)			
Benefits		Plan 1	Plan 2
For you (policyholder)			
Section 1	Accidental death and permanent disability of policyholder	Up to \$30,000 in each insured person's lifetime	Up to \$60,000 in each insured person's lifetime
Section 2	Waiver of premium due to accidental death of policyholder	Amount of premium, up to 5 years in each insured person's lifetime	
For the insured person			
Section 3	Final expenses	\$5,000 in each insured person's lifetime	
Section 4	Permanent disability of insured person	Up to \$30,000 each policy year	Up to \$60,000 each policy year
Section 5	Outpatient expenses due to accident	Up to \$200 for each accident, maximum \$2,000 each policy year	Up to \$300 for each accident, maximum \$3,000 each policy year
Section 6	Hospitalisation expenses due to accident	Up to \$1,200 for each accident, maximum \$5,000 each policy year	Up to \$2,500 for each accident, maximum \$7,500 each policy year
Section 7	Medical expenses due to infectious disease	Up to \$1,000 each incident	Up to \$2,000 each incident
Section 8	Daily hospital income	\$50 each day, up to 60 days for each accident	\$75 each day, up to 60 days for each accident
Section 9	Ambulance fee	Up to \$100 for each accident, maximum \$500 each policy year	
Section 10	Mobility aids	Up to \$500 each policy year	Up to \$1,000 each policy year
Section 11	Physiotherapy and psychiatric therapy	Up to \$100 per visit for each accident, maximum \$1,000 each policy year	Up to \$200 per visit for each accident, maximum \$2,000 each policy year
Section 12	Personal liability	Up to \$5,000 each policy year	

Additional benefits if the insured person suffers from 50% or more permanent disability (Based on the scale of compensation)			
Section 13	Modifying your home	Up to \$3,000 in each insured person's lifetime	Up to \$6,000 in each insured person's lifetime
Section 14	Training your caregiver	As charged (once for each accident)	
Lifetime limit		Up to \$100,000 in each insured person's lifetime	Up to \$150,000 in each insured person's lifetime

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 policyholder if:

- the policyholder and the insured person hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC) or birth certificate;
- he/she is the insured person's parent or legal guardian.
- the policyholder and the insured person live in Singapore or travel outside of Singapore for no more than 90 days during each policy year;
- the insured person is between 15 days and 30 years of age (we may continue cover for the insured person up to 75 years old and we may apply new terms depending on our decision); and
- the policyholder 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

a If we cancel the policy

- (i) We can cancel this policy by giving the policyholder seven days' notice by post to their last-known address. We will consider that they have received this cancellation notice on the same day if we deliver the notice by hand, mail, fax or email.
- (ii) We will cancel this policy on the date the premium is due if we do not receive the premium due or we are not successful in taking the premium from the credit card or GIRO account the policyholder has chosen.

If we cancel this policy because the premium has not been paid, the policyholder may apply for a new policy. However, the policyholder's application will depend on us accepting it and the insured person's latest physical or medical conditions.

b If the policyholder cancels the policy

(i) Yearly payment or yearly recurring payment arrangement

- The policyholder may cancel this policy by calling us or writing to us and cancellation will apply from the date we receive the notice of cancellation.
- For cancellation after the 14-day free-look period, we will work out and refund the premium as follows if no claim has been made under this policy.

Period of insurance (in days) still left to run <hr style="width: 50%; margin: 0 auto;"/> Original period of insurance of this policy	X	85% of the premium paid
---	---	----------------------------

- We will not refund any premium if a claim has been made under this policy for the policy year in which this policy is cancelled.
- We will not refund any premium below \$37.45 (after GST).

If we refund premiums, we will do so by cheque 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 seven days' notice in writing.

If this policy is renewed, we will provide the new terms and conditions (if these apply) for the next policy year before the start date of the next policy year.

If we did not receive any request to cancel the policy, we will take the premium using the last premium payment arrangement the policyholder has chosen. This policy will apply for as long as we can successfully take the premium before the premium due date.

5. Non-Guaranteed Premium

The premium that the policyholder pays for this policy is non-guaranteed and can change. If we change the premium for this policy, we will write to the policyholder at their last known address, at least 30 days before the change is to take place, to tell the policyholder what the new premium is.

6. Claims Conditions

- a The policyholder must tell us as soon as possible, and in any case within 30 days, about any loss or damage which may give rise to a claim under this policy. We have the right to reject the claim if the policyholder tells us later than 30 days from the date of loss or damage.
- b The insured person or anyone acting for the insured person must not:
 - i) misrepresent or misdescribe 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 the policyholder or the insured person can recover all or part of any expenses from other sources, we will only pay the policyholder the amount that cannot be recovered.
- d We pay all claims in Singapore dollars. If the policyholder or 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 at the date of the loss.
- e The policyholder, the insured person or the policyholder's or the insured person's respective legal personal 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 claim. We will not refund any expense which the policyholder or 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

7. 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/specialcare-autism-policy-conditions.pdf for the full list of exclusions.

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

- a Sickness, disease (except for infectious disease as provided in the medical expenses due to infectious disease benefit of the policy), bacterial or viral infections even if contracted accidentally.
- b Pregnancy, childbirth, abortion, miscarriage or all complications arising from these conditions.
- c Any physical disability or defects which existed before the start of the policy, or any pre-existing medical conditions.
- d The policyholder or the insured person taking part in any dangerous activities or sports including caving, potholing, rock climbing 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, ice or winter sports, hiking or trekking. This does not include a hot-air balloon ride carried out for leisure purposes under the supervision of a licensed guide or instructor.
- e Any infectious disease which has been announced as:
 - an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
 - a pandemic by the World Health Organisation (WHO);
in the affected countries, from the date of announcement until the epidemic or pandemic ends.

8. Waiting period

This policy does not cover claims directly or indirectly caused by or arising from any infectious disease diagnosed within 14 days from the start date of this policy.

9. Change in circumstance

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