

Application for PA Assurance

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

Name (as shown in NRIC)	NRIC number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please give details) _____
Residential address		Date of birth (dd/mm/yyyy)	
Contact number (Office)	(Home)	(Handphone)	Email
			Policy start date (dd/mm/yyyy)

Details of insured

Relationship	Name (as shown in NRIC)	NRIC number	Nationality	Date of birth (dd/mm/yyyy)	Sex (M/F)	Group (A/B)	Occupation	Plan (1/2/3/4)	Infectious disease cover (Yes/No)	Premium (\$\$) (inclusive of 7% GST)
You										
Your husband or wife										
Child 1										
Child 2										
Child 3										
Child 4										
Total premium (inclusive of 7% GST)										

Premium Payment Information

Premium Payment Method	<p>Credit Card:</p> <p><input type="checkbox"/> Monthly¹ (recurring payment)</p> <p><input type="checkbox"/> Yearly² (recurring payment)</p> <p><input type="checkbox"/> Yearly² (one-time lump sum payment)</p> <p>Cash: <input type="checkbox"/> Yearly (one-time lump sum payment)</p> <p>Cheque (Cheque number): <input type="checkbox"/> Yearly (one-time lump sum payment)</p> <p>_____ payable to "NTUC INCOME"</p>	<p>GIRO:</p> <p><input type="checkbox"/> Monthly¹ (1st 2 months pre-payment & subsequent recurring payment by GIRO)</p> <p>1st 2 months pre-payment method: <input type="checkbox"/> credit card <input type="checkbox"/> cash: _____ <input type="checkbox"/> cheque</p> <p><input type="checkbox"/> Yearly² (1st year pre-payment & subsequent recurring payment by GIRO)</p> <p>1st year pre-payment method: <input type="checkbox"/> credit card <input type="checkbox"/> cash: _____ <input type="checkbox"/> cheque</p> <p>Cheque (Cheque number): _____ payable to "NTUC INCOME"</p>
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<p>Important notes:</p> <p>¹ A monthly recurring payment means we will take the premium from the chosen credit card account or bank account stated in the GIRO form for future renewals on a monthly basis.</p> <p>² A yearly recurring payment means we will take the premium from the chosen credit card account or bank account stated in the GIRO form for future renewals on a yearly basis.</p>	<p>Important notes for GIRO Application:</p> <p>Please select your payment mode for the 1st 2 months/1st year pre-payment. You may fill in your credit card details below.</p> <p>For payment by GIRO, please complete and submit GIRO form. Please note that your application will be delayed if we do not receive the form, if the form is incomplete or it is incorrect.</p> <p>For monthly payment via GIRO, we will collect a 1st 2 months premium for policy issuance while the GIRO application is being processed.</p> <p>For yearly payment via GIRO, we will collect a 1st year premium for policy issuance while the GIRO application is being processed.</p>
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Payment Authorisation — Please complete all the relevant sections

Credit Card

I authorise NTUC Income Insurance Co-operative Limited ("Income") to deduct the premium from my credit card account.

Cardholder name			
Credit card number <i>(Visa/Mastercard only)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -
Card expiration date (mm/yy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Issuing Bank	<input type="checkbox"/> Visa <input type="checkbox"/> Master		
Relationship to Proposer <i>(If not Proposer)</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others <input style="width: 150px;" type="text"/>		
		_____ Signature of cardholder	_____ Signed in Singapore on (dd/mm/yyyy)

Other details of insured

<p>1 Does the insured person have any other personal accident insurance with other insurance companies? If yes, please state which company or companies and the sum insured.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2 Has the insured person ever made a claim against any insurer for an injury? If yes, with which company or companies, and for what amount?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3 Does the insured person suffer from any physical problem or infirmity or disease of any kind? If yes, please give details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4 Has any insurance company declined, cancelled, refused renewal or accepted special terms for any personal accident insurance policy which the insured person has or applies? If yes, please give details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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.

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. Consent to receive marketing materials

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or DPO@income.com.sg.

Please refer to www.income.com.sg/privacy-policy for more information.

Declaration and authorisation

- 1 I confirm that I understand and agree to the Product Summary.
- 2 I have not withheld any relevant 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)

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	Adviser's email address	Campaign code
Policy number	Premium (inclusive of 7% GST)		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

Date

Signature of client
(on behalf of all applicants)

Date

PA Assurance Product Summary

Premium Rates Table

The 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.

Premium rates without Infectious Disease Cover

Group	Yearly Premium				Monthly Premium			
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
A^	\$198	\$417	\$730	\$950	\$17.24	\$36.32	\$63.57	\$82.73
B^^	\$428	\$779	\$1,235	\$1,900	\$37.27	\$67.84	\$107.55	\$165.45

Premium rates with Infectious Disease Cover

Group	Yearly Premium				Monthly Premium			
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
A^	\$217	\$480	\$840	\$1,092	\$18.90	\$41.80	\$73.15	\$95.09
B^^	\$492	\$895	\$1,420	\$2,185	\$42.84	\$77.94	\$123.66	\$190.28

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

^ Professions or occupations of professional, administrative, managerial or clerical nature or occupations of outdoor nature or involving light manual work without the use of tools or machinery.

^^ Professions or occupations involving manual work with the use of tools or machinery or uniform professions involving security or defence work or whose work environment is in high altitude or of hazardous nature.

The Total Distribution Cost of this product is between 18.5% - 23.5% 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 insured person and his/her family 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

Benefits		Maximum benefit (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
Section 1	Accidental death	100,000	250,000	500,000	1,000,000
Section 2	Permanent disability (per policy year)	150,000	375,000	750,000	1,500,000
Section 3	Medical expenses for injury due to an accident (per accident)	2,000	5,000	10,000	20,000
Section 4	Treatment by a Chinese medicine practitioner or a chiropractor (per accident)	500	750	1,000	1,250
Section 5	Mobility aids (per accident)	2,000	4,000	5,000	6,000
Section 6	Daily hospital income (per day; up to 365 days per policy year)	100	200	300	400
Section 7	Weekly cash (per week; up to 104 weeks in a row)	100	200	300	500
Section 8	Emergency medical evacuation and sending you home (per policy year)	50,000			
Section 9	Trauma counseling expenses (per policy year)	5,000			
Section 10	Child support fund	5,000	15,000	25,000	35,000
Section 11	Modifying your home (per lifetime)	5,000	10,000	15,000	25,000
Section 12	Ambulance fee (per accident)	200			
Section 13	Physiotherapy (per policy year)	1,000	2,000	3,000	5,000
Section 14	Diagnostic procedures and tests due to broken bones or fractures (per accident)	1,000	2,000	3,000	5,000
Optional Benefits – Infectious Disease Cover					
Section 15	Death benefit for infectious disease cover	100,000	250,000	300,000	500,000
Section 16	Permanent disability for infectious disease cover (per policy year)	100,000	250,000	300,000	500,000
Section 17	Medical expenses for infectious disease cover (per infectious disease)	2,000	5,000	10,000	20,000

Section 18	Treatment by a Chinese medicine practitioner for infectious disease cover (per infectious disease)	500	750	1,000	1,250
Section 19	Mobility aids for infectious disease cover (per infectious disease)	2,000	4,000	5,000	6,000
Section 20	Daily hospital income for infectious disease cover (per day; up to 365 days per policy year)	100	200	300	400
Section 21	Weekly cash for infectious disease cover (per week; up to 104 weeks in a row)	100	200	300	500
Section 22	Emergency medical evacuation and sending you home for infectious disease cover (per policy year)	50,000			
Section 23	Trauma counseling expenses for infectious disease cover (per policy year)	5,000			
Section 24	Child support fund for infectious disease cover	5,000	15,000	25,000	35,000
Section 25	Modifying your home for infectious disease cover (per lifetime)	5,000	10,000	15,000	25,000
Section 26	Ambulance fee for infectious disease cover (per infectious disease)	200			
Section 27	Physiotherapy for infectious disease cover (per policy year)	1,000	2,000	3,000	5,000
Section 28	Diagnostic procedures and tests for infectious disease cover (per infectious disease)	1,000	2,000	3,000	5,000

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 a qualified adviser should you require further explanation.

1. Eligibility

This policy is only available to the insured person if he/she:

- holds a valid Singapore identification document such as a Singapore National Registration
- Identification Card (NRIC), Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
- is living or working in Singapore, or away from Singapore for no more than 180 days at any one time;
- is between 15 days old and 65 years old (we may continue cover for him/her up to 75 years old at a reduced sum insured and we may apply new terms; depending on our decision and if he/she pays an extra premium); 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 and there is no claim made under this policy, he/she may call or write to us to cancel this policy. The policyholder will get a full refund of the premium paid. We consider that this policy has been delivered (and received) on the same day we email it, or seven days after we post it. This condition does not apply to policy renewals.

3. Cancellation Clause

a For policy cancellation, we will not refund any premium if a claim has been made under this policy.

b If we cancel the policy

- i) We can cancel this policy by giving the policyholder seven days' written notice. 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 insured person may apply for a new policy. However, the insured person's application will depend on us accepting it based on his/her latest physical or medical conditions

c If there is no claim under this policy and the policyholder wishes to cancel the policy

i) Monthly recurring payment arrangement

- The policyholder may cancel this policy by calling us or writing to us and cancellation will be effective from the date we receive the notice of cancellation.
- For cancellation after the 14-day free-look period, we must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The policy will then be cancelled on the day the monthly premium is due.
- But, if we receive the notice of cancellation less than 21 days before the next monthly premium due date, the policy will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium - For example	
Period of insurance	22 Sep 2019 to 21 Sep 2020
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
On 1 Oct 2019	cancellation will take effect on 22 Oct 2019
On 20 Oct 2019	cancellation will take effect on 22 Nov 2019

ii) Yearly payment arrangement

- The policyholder may cancel this policy by calling us or writing to us and the 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 the refund premium as follows if no claim has been made under this policy.

$\frac{\text{Period of insurance (in days) still left to run}}{\text{Original period of insurance of the policy}} \quad \times \quad 85\% \text{ of the premium paid}$
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- 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 the insured person has any existing medical condition at the policy renewal date, he/she may not be covered under the renewed policy for such a medical condition. If such a medical condition is covered under the renewed policy, the policyholder may need to pay additional premiums.

If this policy is renewed, we will provide the new terms and conditions (if applicable) 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 collect the premium using the last recurring payment arrangement chosen by the policyholder.

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 or email 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 insured person or the policyholder must tell us as soon as possible, and in any case within 30 days, about any event 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 or misdescribe any circumstance which affects the insured person's health condition, occupation, 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 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 insured person or his/her legal personal representative 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 may refuse to refund any expense which the insured person cannot provide original receipts or invoices for.

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

- (i) <http://income.com.sg/claims/personal-accident-insurance/personal-accident-infectious-diseases-claim>
- (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/gpf-pa-assurance-policy-conditions.pdf for the full list of exclusions.

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

- a** illness, disease (except for infectious disease if applicable), bacterial or viral infections even if contracted accidentally;
- b** pregnancy, childbirth, abortion, miscarriage (except as provided in the Miscarriage due to an accident or infectious disease benefit extension of the policy) or all complications or death arising from these conditions;
- c** pre-existing medical conditions or infectious disease or physical problems which existed before the start of the insured person's policy;
- d** the insured person taking part in any dangerous activity or sports such as caving, potholing, rock climbing (except on man-made walls) or mountaineering which involves using ropes, any underwater activities involving underwater breathing apparatus (except scuba diving for leisure purpose with a diving buddy or instructor and no deeper than 30 meters below sea level), sky diving, cliff diving, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting;

- e any recreational activity where the following conditions are not met:
 - the insured person must comply with all safety procedures, such as wearing safety equipment and following rules and regulations; whether specifically advised or generally expected of a reasonable person, and
 - where guidance and supervision of licensed guides or instructors are available, the recreational activity must be carried out under the guidance and supervision of licensed guides or instructors of the tour operator or activity provider.
- f any accident which arises in the course of the insured person's occupation if it falls within the following categories or involves the following activities: vessel workers, ship or navy crew, marine salvage crew, offshore oil rig workers, professional divers, professional sportspeople, cheer leaders, jockeys, stevedores, people directly involved in making or handling explosives, people who are working outdoor at heights above 15 meters, unless we have agreed in writing;
- g cover for infectious diseases unless the insured person has opted for the cover and in any case 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

For infectious disease cover, 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 of Occupation or 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, occupation or the country where he/she is living in.

We can choose not to pay the claim if the insured person has failed to inform us of any change in circumstances affecting his/her risk.

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 web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).