

## Application for SAFRA 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 for.  
 Otherwise, the insurance policy may not be valid.

Please fill in and send this application with the GIRO application form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

### Details of the proposer (SAFRA member)

Name of principal member (as shown in NRIC)		NRIC number	
Note: Principal member refers to ordinary or associate member.			
Name of proposer (as shown in NRIC)		NRIC number or FIN	
Note: If you are the husband or wife of the principal member, please fill in a separate application form. Only you, as the principal member, may insure your child. If you would like to insure your child, please complete the section "Details of other lives insured" below.			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy)	Height (metres)	
Nationality	Race	Weight (kilograms)	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Email address	
Contact number (Mobile)		(Home)	(Work)
Name of company		Occupation	
Type of plan	Sum assured	Premium payment mode	
<input type="checkbox"/> SAFRA Essential Term		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
<input type="checkbox"/> SAFRA Living Care		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
Residential address		Country of residential address	
Mailing address – <i>if different from residential address</i>			
<p><b><u>Residential address verification</u></b></p> <p>For Singapore Citizen/Permanent Resident – If the residential address stated in the application form is different from the address in your identity document, please provide billing proof.</p> <p>For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.</p> <p><i>Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.</i></p>			
<p>If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you <b>DO NOT</b> want us to update the address for any of your policy, please indicate the policy number below.</p> <p>Address will not be updated for policy number(s):</p>			

### Details of other lives insured

Name (as shown in NRIC or BC)	NRIC or BC number	Nationality	Race	Sex	Date of birth (dd/mm/yyyy)	Height (metres)	Weight (kilograms)	Type of plan	Sum assured
Child 1				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Essential Term <input type="checkbox"/> Living Care	
	Email address								
Child 2				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Essential Term <input type="checkbox"/> Living Care	
	Email address								
Child 3				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Essential Term <input type="checkbox"/> Living Care	
	Email address								

### Questionnaire for the lives insured

	Proposer	Child 1	Child 2	Child 3
1. Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past five years? If 'Yes', please state the name of the drugs, how much you took, how often you took them, for how long as well as the date of your last treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had or have been advised by a doctor to have surgery or any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram or pap smear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, any recurring symptoms or illnesses or physical deformities not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you made any other application with us in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please continue with the section below if you are applying for SAFRA Living Care.</b>				
6. Have any of your natural parents or brothers or sisters ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which they were born with or passed down from parents? If 'Yes', please name the conditions, age it began and relationship of the person to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you take part in any form of flying other than as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft or any other dangerous work (for example, a commercial diver, military pilot) or sports or pursuits (for example, motor racing, rock climbing)? If 'Yes', please name the activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Have you had any application for life, accident or health insurance policy rejected, postponed or accepted at other than normal terms by us or any other insurer? If 'Yes', please tell us the reason and the medical condition, if any.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b. Have you made any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months? If 'Yes', please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you smoke? How many cigarettes or cigars do you smoke each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have answered 'Yes' to any of the questions, please provide details. For questions 2 to 4 and 6, please provide the name of condition or conditions, date it began, investigations and results, treatment and current status. Please include the relevant question numbers and name of insured for your answer. Please use extra paper if you need to.				

## Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Parties, I/we represent and warrant that:

- I/We have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/We are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data, for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b) Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
- c) Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

### Marketing Consent

In addition, I (the Policyholder/Proposer) consent and agree to Income, its representatives, agents, and service providers acting on behalf of Income in, collecting, using and disclosing my personal data (including any future updates and existing personal data that I have/had given to Income, its representatives/agents) to contact me for the purpose of providing marketing and promotional information relating to products and/or services offered and/or distributed by Income via Postal Mail and/or Email and by the following modes of communications where I have indicated my consent below.

Call       Text messages/SMS

My marketing consent is given here (a) regardless of whether this application or transaction is accepted or refused by Income; and (b) in addition to any consent which I may have provided previously in respect of the above purposes. The marketing consent that I have provided to Income shall remain valid, unless it is withdrawn and notified to Income in the manner prescribed below.

I may withdraw my above consent by, contacting Income Contact Centre at 6788 1777, login at [me@Income](mailto:me@Income) or submitting my request via Income website at <https://einco.me/enquiry>.

Note:

If I have notified Income that I am withdrawing my consent, I understand that I will stop receiving marketing messages after 30 days for the selected mode(s) of communication. I agree that I will continue to receive marketing messages via other modes of communication or on specific product(s) or services where my consent has been given to Income unless such consent has been withdrawn.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

## Declaration and authorisation

I agree to tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to have any medical consultation, investigation or treatment between the date of this application and before the date you issue the policy. I understand that you may add terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information I have given.

I declare that the information and answers given in this application are true, correct and complete. I accept full responsibility for them whether written by me or by anyone else on my behalf. I have not withheld any information. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between me and you. If anything is untrue, incorrect or incomplete, the insurance policy you issue will not be valid. I agree that your legal responsibility will only begin when you accept this application and the first premium has been paid in full and cover will apply from the start date in the insurance policy issued to me.

I confirm that I understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" above.

For the purpose of processing and/or administrating this application and any claim in connection with my policy(ies) with Income, I authorise, consent to, and agree to any medical source, insurance office, reinsurance, or organisation to release to you and you to release to any medical source, insurance office, reinsurance, or organisation any relevant information to do with me or the insured whether you accept my application or not. A photocopy of this authorisation is valid as an original copy.

I have confirmed that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.

I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.

I am aware that I can ask for advice from an insurance adviser before I sign this application. If I choose not to, I will make sure that this product is appropriate for my financial needs and insurance objectives.

I understand that it is usually not a good idea for me to replace an existing investment product (for example life policy/ investment-linked policy/ unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:

- a) the insured or I may not be able to obtain a similar level of protection on the same terms;
- b) the insured or I may not be insurable on standard terms;
- c) I may have to pay a higher premium in view of a higher age; and
- d) I will lose financial benefits built up over the years.

I have fully read through and understand the content of the product summary, including any coverage exclusion, which is found on [www.income.com.sg](http://www.income.com.sg).

I have read Your Guide to Life Insurance or Your Guide to Health Insurance (if this applies) found on [www.lia.org.sg](http://www.lia.org.sg).

I acknowledge that I am responsible for making sure that I am allowed to buy this plan under the laws and regulations that apply to my nationality and the country that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of this plan. I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of the countries where I am a resident of, and a citizen of.

I agree that if I or any \*Relevant Person is found to be a \*Prohibited Person, you are entitled not to accept this application. If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

\* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

+ Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.

I agree that the policy will be entered in the Register of the Singapore policies.

I authorise you to take from my GIRO account the premiums due for the insured person (or people) named in this application and who are covered under this plan.

I am aware that the policy will end if I am no longer a registered member with SAFRA.

**Warning:**

**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.**

**You may not alter any of the wording in this application form. Any attempt to do so will be of no effect.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

**Mandatory documents**

**MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism**

**You are required to provide the following documents for the insured person (or people) named in this application and who are covered under this plan:**

- a) Singaporean or Singapore Permanent Resident**
  - i. Proposer and husband or wife of proposer: a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
  - ii. Child(ren) of proposer: a clear photocopy of the birth certificate and NRIC (front and back), if available
- b) Others**
  - i. Proposer: a clear photocopy (front and back) of the work pass or permit and identity card
  - ii. Husband or wife of proposer: a clear photocopy (front and back) of the work pass or permit or dependant's pass or long-term visit pass (whichever is applicable)
  - iii. Child(ren) of proposer: a clear photocopy of the birth certificate and dependant's pass or long-term visit pass (front and back) (whichever is applicable)

**For official use**

Nature of application	<input type="checkbox"/> Concurrent	<input type="checkbox"/> Separate
Name of husband or wife (as shown in NRIC)	NRIC number	Policy number
Campaign code	Remarks	

## GIRO application form

### For completion by applicant

Please fill in all details in ink and in BLOCK letters. Please send the original form to us. We will not process your form if it is not complete or it is a photocopy, faxed or emailed form. Do not use correction fluid or tape. If you make any changes, the bank account holder must sign next to them. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY): <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: <b>NTUC INCOME INSURANCE CO-OPERATIVE LIMITED</b>
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Policy Number <b>Group Business – Affinity Schemes</b> For ILP policies please select Premium or Top Up* This column is not applicable to Customer^^	Name of Proposer/Insured as per policy record or Customer^^	ID of Proposer/Insured as per policy record or ID of Customer^^ (Last 4 characters only)	Relationship to Accountholder
1. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
2. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
3. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
4. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
5. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			

^ Top up refers to recurring top up. It is applicable for Investment-linked policy only.

^^ Customer refers to the customer who engages a service provider through the referral services offered by Insurance Company.

**Authorisation by Proposer/Insured/Customer^^**

1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
2. The Bank is entitled to reject the Insurance Company's instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; or upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the Insurance Company.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up under my policy from my/our account and such deduction may be made by Income before the payment due date.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number <input style="width: 100%; height: 20px;" type="text"/>	
Telephone Number (Mobile): (Work): (Home) :	

(As in Bank's record)

\* For thumbprint, please go to any branches of your Bank with identification document for verification

**Note:**

1. Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
2. If your premium/service fee should alter due to changes in policy/service contract, the amount deducted will be changed accordingly.

### For NTUC Income Insurance Co-operative Limited's completion

SWIFT BIC	NTUC Income Insurance Co-operative Limited Bank Account Number	NTUC Income Insurance Co-operative Limited Customer's Billing Reference
D B S S S G S G X X X	0 0 1 0 0 1 1 2 1 9	1
		2
		3
		4
		5

### For financial institution's completion

To: **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**  
 75 Bras Basah Road, Income Centre, Singapore 189557

This application is hereby REJECTED (please tick) for the following reason(s):

<input type="checkbox"/> Signature/Thumbprint# differs from financial institution's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Amendment not countersigned by customer
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____

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Name of Bank Officer	Signature of Bank Officer	Date (dd/mm/yyyy)
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# Please delete where inapplicable