

IncomeShield reinstatement form

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other 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.

Section A: Details of applicant or policyholder

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Nationality	Country of Residence

Section B: Details of life to be insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Policy number
Nationality	Country of Residence	

Section C: Health details

1 Has there been any change in the life to be insured's health condition (for example, staying or may be staying in hospital, consulting or may be consulting a doctor, receiving or may be receiving any medication, medical treatment, investigation or surgery) from the date your policy ended?

- No
- Yes (Please give details for example, dates, diagnosis, current health status, etc.)
 Please provide a copy of your medical reports. Enclosed Not available

2 Have you made or will be making any claims, including hospitalisation claims on any policy with Income or any other insurer?

- No
- Yes (Please give details below.)

Section D: 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 <https://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.

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

Section E: Declarations and authorisations

- 1 I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- 2 I understand that I may receive correspondences for this application and my policy documents electronically (collectively "policy e-document"). I agree that Income can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.
- 3 I agree that Income will not be responsible to me (or any other person) if I fail to:
 - a provide Income my correct email address or mobile number;
 - b inform Income of any update or change to my email address or mobile number; or
 - c keep the password to access the policy e-documents confidential.
- 4 I understand that the policy e-documents are considered delivered and received, upon my receipt of Income's SMS or email notification on the availability of the policy e-documents via secure online access.
- 5 I understand and agree that the changes requested in this application:
 - a may require medical evidence and I will pay any costs involved in providing the medical evidence you need;
 - b are subject to Income's underwriting and acceptance;
 - c if accepted, may be subject to terms, conditions and exclusions imposed by Income; and
 - d and approves my application and notifies me in writing of the cover start date and provided that I have paid the required premiums (and interest, if applicable) in full.
- 6 I declare that the 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. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. 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 the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
- 7 I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the reinstatement date of my policy. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
- 8 If I am reinstating my policy, I agree that notwithstanding the terms and conditions under the policy;
 - i I must give Income all material information about the life to be insured from the expiry date of my policy, up till the reinstatement date that may influence your decision whether to reinstate or to impose any further terms under the policy;
 - ii If I fail to give Income this material information or misrepresent any such information, Income may:
 - a declare the policy as void from the start date of the reinstated policy;
 - b end the cover for the life to be insured and not pay any benefits; or
 - c add extra terms and conditions to the policy;
 - iii the terms and conditions of my reinstated policy may be different from the terms and conditions of my policy prior to the reinstatement.
- 9 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.
- 10 I confirm that I understand and agree to the collection, use and disclosure of my/our personal data as stated in the "Personal Data Use Statement" above.
- 11 For the purpose of this application, I authorise, consent and agree to:
 - a the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the Insured whether Income accepts this application or not;
 - b Income and its relevant third parties stated in Income's Privacy Policy to collect from, use 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's health status or condition in relation to this application.
- 12 I agree that a copy of this authorisation is valid and binding as an original copy.
- 13 Where applicable, I further authorise, consent and agree to Income disclosing my personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.
- 14 I am aware that I can ask for a copy of Income's Guide to Life Insurance and/or Income's Guide to Health Insurance from my advisor. Or I can download them from: www.income.com.sg.
- 15 I declare that I am authorised to disclose information (including personal health information) about the Insured to Income.
- 16 I agree that if I or any *Relevant Person is found to be a *Prohibited Person, Income is entitled not to accept this application. If any policy is issued, Income can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Income's decision will be final. I will inform Income 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 Income from providing insurance cover or paying any benefit.
- 17 This application is governed by and interpreted according to the laws of the Republic of Singapore.

I agree that if I do not reveal any significant facts in the application (which would have affected your decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in the application.

Signature of applicant 	Signature of life to be insured (16 years old and above must sign) 
Signed on: _____ (dd/mm/yyyy)	Signed on: _____ (dd/mm/yyyy)

Additional Medical Questionnaire

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other 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.

Details of proposer and insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)
Proposer:	Proposer:	
Insured:	Insured:	

Questions for proposer and insured

	Proposer	Insured								
<p>1. In the last 3 months, have you:</p> <p>a. tested positive for COVID-19, or</p> <p>b. self-isolated with symptoms on medical advice?</p> <p>If yes to Question 1a and/or 1b, when was it?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Question	Date (dd/mm/yyyy)			Question	Date (dd/mm/yyyy)			<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
Question	Date (dd/mm/yyyy)									
Question	Date (dd/mm/yyyy)									
<p>2. In the last 1 month, have you or any of your housemates or family members who stay with you:</p> <p>a. been ordered to self-isolate, received a Quarantine Order (QO) or Stay-Home Notice (SHN) due to COVID-19, or</p> <p>b. had a persistent cough, sore throat, fever, raised temperature or breathlessness, or been in contact with an individual suspected or confirmed to have COVID-19?</p>	<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								
<p>3. If yes to Question 1 and/or 2, have you made a full recovery and/or returned to normal activities?</p> <p>If yes, when did you fully recover and/or return to normal activities?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>If no, please provide full details.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Question	Date (dd/mm/yyyy)			Question	Date (dd/mm/yyyy)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question	Date (dd/mm/yyyy)									
Question	Date (dd/mm/yyyy)									



Declaration by the proposer and insured

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I declare that the answers given in this form 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. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this form 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 the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. I confirm that I understand and agree to the 'Personal Data Use Statement' and declaration set out in my policy application form which I have submitted to Income. I understand that I can refer to Income's [Privacy Policy](#) for more information, including access and correction of my personal data and consent withdrawal. I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.

Signature of proposer	Signature of insured (for age 16 and above)
	
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):

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"/>	To: Name of Bank ('Bank')	Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
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Policy Number 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
SWIFT BIC	Account Number To Be Debited	

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: _____

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