

## Declaration of continued insurability

**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 1: Details of policyholder

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

### Section 2: Details of insured (if different from policyholder)

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

If you need to add another Insured, please use another form and submit it together with this form.

### Section 3: Details of changes

Please tick the option(s) applicable to you

**A. Extension of validity of health declaration**

1 Please let us know if there is any change in information since the completion of the application form for your policy (including all questionnaires and additional declarations made with the application):	Policyholder (only for Life Insurance)	Insured
<b>a Change in personal details</b> (For example: height and weight, occupation, annual income (S\$), nationality)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b Change in lifestyle and health details</b> (For example: new or change in severity or frequency of symptoms, diagnosis, consult with a doctor, seeking or pending treatment, investigation or surgery, smoking status, alcohol or other stimulant consumption, drug addiction, dangerous occupations or pursuits, stopping activities due to health)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c Change in insurance application outcome or claim declaration</b> (For example: any application that has been refused, postponed or accepted with special terms by any insurer, any claim made with any insurer (including hospitalisation claim))	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you are applying for Life insurance, please complete the additional questions below.**

<b>d Change in immediate family's health history</b> (For example: diagnosed with or passed away due to Alzheimer's disease, cancer including carcinoma in situ, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, polycystic kidney disease or any hereditary disease or disorder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e Change in existing policies or proposals pending approval</b> (For example: Name of insurer, year of issue or pending, new application pending, sum assured coverage (S\$) for death / total and permanent disability / critical illness, accident and hospitalisation cover, other insurance coverage - please specify type and coverage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have answered "Yes" to any of the questions above, please provide details below. Please submit a copy of medical report(s), if applicable.**

Policyholder	Insured
Please indicate the question number and provide details (For example: dates, diagnosis, current health status, claim details, policy details, family health history, etc.)	

### Section 3: Details of changes (continued)

#### B. Additional information to your application / policy (to be completed if there is additional declaration to your application / policy)

Please select whichever is applicable:

- I wish to submit a copy of medical report(s).
- I wish to provide additional information as additional declaration to my application / policy. The information stated below will supersede the information declared in my application for the policy indicated in this form.

Policyholder	Insured
Please provide details (For example: dates, diagnosis, current health status, claim details, policy details, family health history, etc.)	

### Section 4: 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 5: 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 for in this application:
  - a are subject to Income's underwriting and acceptance;
  - b if accepted, may be subject to terms, conditions and exclusions imposed by Income; and
  - c will take effect only when Income accept 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 before the cover start date. 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 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.
- 9 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.

**Section 5: Declarations and authorisations (continued)**

- 10 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.
- 11 I agree that a copy of this authorisation is valid and binding as an original copy.
- 12 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.
- 13 I confirm that I am authorised to disclose information (including personal health information) about the Insured to Income.
- 14 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.
- 15 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 policyholder          	Signature of insured (16 years old and above must sign)          
Signed in Singapore on:  _____ (dd/mm/yyyy)	Signed in Singapore on:  _____ (dd/mm/yyyy)