

Income Insurance Limited | UEN: 202135698W Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6788 1777 · Fax: 6338 1500 Email: csquery@income.com.sg · Website: www.income.com.sg

Product Type	
Affinity	IncomeShield
Employee Benefit	Life Insurance
LTC	

Declaration of continued insurability

WARNING: Under Section 23(5) of the Insurance Act 1966 (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			
 Change in personal details (For example: height and weight, occupation, annual income (S\$), nationality) 	Yes No	Yes No			
b Change in lifestyle and health details (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)	Yes No	Yes No			
 Change in insurance application outcome or claim declaration (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) 	Yes No	Yes No			
If you are applying for Life insurance, please complete the additional questions below.					
d Change in immediate family's health history (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)	Yes No	Yes No			
 Change in existing policies or proposals pending approval (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) 	Yes No	Yes No			
If you have answered "Yes" to any of the questions above, please provide details below. Please submi	t a copy of medical report	t(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 ap declared in my application for the policy indicated in this form.	plication / policy. The information stated below will supersede the information		
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 Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at https://www.income.com.sg/privacy-policy), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income's Privacy Policy.

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

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to 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 heath 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.

Section 5: Declarations and authorisations (continued)

- 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.
- 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.
- 16 I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

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)	
	Pr.		An In
Signed in Singapore on:		Signed in Singapore on:	
(dd/m	m/yyyy)	(dd/mm/yyyy)	