

## IncomeShield reinstatement form

**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 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 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 NE Group, to develop, improve 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.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/We consent to the use and disclosure of my/our name and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

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 E: Declarations and authorisations

- 1 I/We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- 2 I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively "policy e-document"). I/We agree that Income can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.
- 3 I/We agree that Income will not be responsible to me/us (or any other person) if I/we fail to:
  - a provide Income my/our correct email address or mobile number;
  - b inform Income of any update or change to my/our email address or mobile number; or
  - c keep the password to access the policy e-documents confidential.
- 4 I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of Income's SMS or email notification on the availability of the policy e-documents via secure online access.
- 5 I/We understand and agree that the changes requested in this application:
  - a may require medical evidence and I/we will pay any costs involved in providing the medical evidence Income 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 will take effect only when Income accept and approves my/our application and notifies me/us in writing of the cover start date and provided that I/we have paid the required premiums (and interest, if applicable) in full.
- 6 I/We declare that the answers given in this application are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. If it is discovered later that I/we or the Insured suffer from a medical condition that is not disclosed in this form, I/we 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/We agree that this application and other written answers, statements, information or declarations I/we have made or which have been made on my/our 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/We confirm that there has been no change in the information provided about me/us since the completion of the application and all additional declarations made in connection with the application. I/We will notify Income immediately if there is any change in the information provided about me/us such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I/we plan to seek medical consultation, investigation, or treatment between the date of this application and the reinstatement date of this policy. I am/We are aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I/we fail to notify Income of any change in my/our information.
- 8 If I am/ we are reinstating my/our policy, I/we agree that notwithstanding the terms and conditions under the policy;
  - i I/We must give Income all material information about the life to be insured from the expiry date of my/our policy, up till the reinstatement date that may influence Income decision whether to reinstate or to impose any further terms under the policy;
  - ii If I/we 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/our reinstated policy may be different from the terms and conditions of my/our policy prior to the reinstatement.
- 9 I/We have confirmed that I am/we are not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me/us.
- 10 I/We confirm that I/we 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/we 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/us 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/us 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/us or the Insured's health status or condition in relation to this application.
- 12 I/We agree that a copy of this authorisation is valid and binding as an original copy.
- 13 Where applicable, I/we further authorise, consent and agree to Income disclosing my/our personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my/our 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/We are aware that I/we can ask for a copy of Income's Guide to Life Insurance and/or Income's Guide to Health Insurance from my/our advisor. Or I/we can download them from: [www.income.com.sg](http://www.income.com.sg).
- 15 I/We declare that I am/we are authorised to disclose information (including personal health information) about the Insured to Income.
- 16 I/We agree that if I/we or any <sup>#</sup>Relevant Person is found to be a <sup>+</sup>Prohibited Person:
  - Income is entitled not to accept this application; and
  - if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income will not refund any unutilised premium when this policy is ended.

Income's decision in every respect of the above will be final. I/We will inform Income immediately if there is any change in my/our or any Relevant Person's identity, status or identity documents.

<sup>#</sup> *Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.*

<sup>+</sup> *Prohibited Person means a person or entity who is, or who is <sup>^</sup>Related to a person or entity:*



- *subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income from providing insurance or carrying out any transaction under this policy, or*
- *who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.*

<sup>^</sup> *Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.*

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

- 17 This application is governed by and interpreted according to the laws of the Republic of Singapore.
- 18 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/We agree that if I/we do not reveal any significant facts in the application (which would have affected Income's decision to accept my/our application on standard terms), any policy issued may be invalid. This includes any facts I/we may not be sure is significant, and any information I/we have given to my/our 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)

## GIRO application form

**For completion by applicant**

1. Please fill in **ALL** fields in ink and in BLOCK letters.
2. Please send the original form to us. If you make any changes, the bank account holder must sign next to them. Do not use correction fluid or tape.
3. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY): <div> <div><div></div><div></div></div> <div>/</div> <div><div></div><div></div></div> <div>/</div> <div><div></div><div></div><div></div><div></div></div> </div>	To: Name of Bank ('Bank')	Name of Insurance Company: <b>INCOME INSURANCE LIMITED</b>
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Policy Number For ILP policies please select Premium or Top Up^		Name of Proposer/Insured/Assignee as per policy record	ID of Proposer/Insured/Assignee as per policy record (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			

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

## Authorisation by Accountholder

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.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up for the above policies 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  <div style="text-align: center; margin-top: 100px;"> <hr style="width: 80%; margin: auto;"/> <p>(As in Bank's record)</p> </div> <p>* For thumbprint, please go to any branches of your Bank with identification document for verification</p>																			
Bank Accountholder's ID:																				
Bank Account Number																				
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
Telephone Number      (Mobile):                          (Work): (Home) :																				

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 Income Insurance Limited's completion**

SWIFT BIC										Income Insurance Limited Bank Account Number										
D	B	S	S	S	G	S	G	X	X	X	0	0	1	0	0	1	1	2	1	9

SWIFT BIC										Account Number Be Debited									

Income Insurance Limited Customer's Billing Reference									
1									
2									
3									
4									
5									

### For financial institution's completion

To:

INCOME INSURANCE LIMITED  
75 Bras Basah Road, Income Centre, Singapore 189557

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

☐ Signature/Thumbprint# differs from financial institution's records

☐ Signature/Thumbprint# incomplete/unclear#

☐ Account operated by signature/thumbprint#

☐ Wrong account number

☐ Amendment not countersigned by customer

☐ Others: \_\_\_\_\_

Name of Bank Officer

Signature of Bank Officer

Date (dd/mm/yyyy)

# Please delete where inapplicable

