

## Review of special terms (IncomeShield)

**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 policyholder

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

### Section B: Details of insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Height (metres)	Weight (kilograms)
Nationality	Country of Residence		
Occupation	Name of organisation		

### Section C: Lifestyle

1. Does the insured smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of cigarettes: _____ sticks per day for _____ years
2. Does the insured drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount consumed per week: _____ can of 330ml beer _____ glass of 125ml wine _____ shot of 30ml spirit (for example, whiskey, gin or brandy)

### Section D: Questions on health (Please use extra paper if you need to.)

**Important:** If any of your answers to questions 1 to 6 is “Yes”, please provide the details we need by filling in the **medical history questionnaire**. Please fill in one medical history questionnaire for each declared condition. If the declared condition is **high blood pressure, raised blood cholesterol or injury**, please fill in the relevant specific illness questionnaire instead.

1 Has the insured ever had, been told to have or been treated for any discomfort, pain, symptoms that the insured does not normally experience, disorders, injuries, lumps or growths, disability, illnesses, or medical conditions that are recurrent or that have continued for more than one month or developmental impairment or congenital or hereditary disorder (for example, speech impairment, learning disability or has special learning needs, autism or attention deficit hyperactivity disorder)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 In the last five years, has the insured ever: i been admitted to hospital; ii had surgery or procedure or been advised to undergo surgery or procedure; iii been on medication for more than one month continuously or been on medical follow-up or received advice or referral for medical treatment or follow-up or to consult a medical specialist; or iv had or received advice or referral to have a medical test or screening done (for example, x-ray, ultrasound, ECG, CT scan, biopsy, mammogram, pap smear, sleep test, urine or blood test)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Is there any plan for the insured to see a doctor or be on follow-up with the doctor or to have surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Has any claim been made in respect to the insured, including hospitalisation claims on any policy with Income or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 <b>Please answer this question if the insured is a Singapore Citizen or Permanent Resident.</b> Does the insured have any serious pre-existing medical conditions that require them to pay an Additional Premium of 30% on their MediShield Life policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 <b>Please answer this question if the insured is aged 5 years or below at next birthday.</b> a Was the insured born before 37 completed weeks of pregnancy or had been diagnosed of any congenital disorder, genetic disorder or birth defects? b Has the insured presented any symptoms and medical conditions or exhibited unusual developmental behaviours that require review, investigation or observation by a medical professional (for example, general practitioner, specialist or therapist) or care-giver (for example, parent, helper or teacher)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section D: Questions on health (Please use extra paper if you need to.) (continued)

If you have answered "Yes" to any of the Questions on health 1 to 6, please provide the below details:

- Name of the condition and date of the diagnosis
- Name and address of each doctor and hospital
- How long the illness or injury lasted for and the date of recovery
- Type of the tests done, dates, results and reasons for the tests
- A copy of the above tests, if any.

### Section E: 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.



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 F: 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 review:
  - a depends on you accepting my application and I will pay any costs involved in providing the medical evidence you need; and
  - b is successful only when you accept and approve my request in writing.
- 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 effective date of your review decision. 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.
- 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)  
Signed in Singapore on:  _____ (dd/mm/yyyy)	Signed in Singapore on:  _____ (dd/mm/yyyy)