

Application for Junior Protection Plan

Statement under section 25(5) of Insurance Act, Cap. 142 (or any 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 the proposer

Name of school and address	Email
Name of contact person	Contact number (Office) (Hand phone)
Designation of contact person	(Fax)
Is the school GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company registration number

Details of insured(s)

Commencement date (dd/mm/yyyy)	Number of students to be insured
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Important note:

- Please note that there shall be no liability upon Income until a policy has been issued and the premium paid in full.
- Junior Protection Plan is applicable to childcare and kindergarten with a minimum of 10 students.
- No refund or pro-rating of premium is allowed.
- All students registered with the proposer must be included in this scheme.
- In the event of claims, school or parents can contact us at 6332 1133.

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 (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 research and data analytics, 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 authorization 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.

Declaration by proposer

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

We confirm (a) that we understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" (PDUS) above and (b) on the representation and warranty made in the PDUS.

We declare that the information contained in this application is true and correct and complete to the best of our knowledge and we have not withheld any material information regarding this application.

We agree that this application and any other written statements, information or declarations made by us or on our behalf and any applications submitted by the eligible insured person for the purpose of the proposed insurances shall be the basis of the contract between us and Income.

We warrant that we have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s), if any, payable to us under the Policy.

We understand that no insured person shall become insured while currently absent from active work, or is suffering from any serious illness or disease which endangers his/her life. Should a claim occur, Income reserves the right to request for the medical report from the hospital attending to the insured person.

We agree that Income's legal responsibility will only begin when Income accepts this application and we have paid the full annual premium.

We understand that we may receive correspondences for this application and our policy documents electronically (collectively “policy e-document”). We agree that Income can notify me by email to retrieve and read our policy e-documents via secure online access.

We agree that Income will not be responsible to us (or any other person) if we fail to:

- a. provide Income our correct email address or mobile number;
- b. inform Income of any update or change to our email address or mobile number; or
- c. keep the password to access the policy e-documents confidential.

We understand that the policy e-documents are considered delivered and received, upon my receipt of Income’s email notification on the availability of the policy e-documents via secure online access.

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.

We agree that if we do not reveal any significant facts in this application (which would have affected Income’s decision to accept our application on standard terms), any policy issued may be invalid. This includes any fact we may not be sure is significant, and any information we have given to the intermediary but was not included in the application.

Name and signature of proposer

School stamp

Date (dd/mm/yyyy)

For official use

Name of intermediary	Intermediary code	Date (dd/mm/yyyy)
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