

Application for StudySecure (individual)

Statement under section 23(5) of the Insurance Act 1966 (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.
Otherwise, the insurance policy may not be valid.

Details of policyholder

Full Name (as in NRIC/Long-Term Pass/Passport)	Identification number (e.g. NRIC/FIN/Passport)	Date of birth (dd/mm/yyyy)
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others	If you have selected Singapore PR and Others, please give details of your Nationality	Country of Residence
Mailing address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact number (Mobile) (Home) (Office)	Email address	
Important note: Mobile number and email address are mandatory for this application. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.		

Details of the student to be insured (if different from policyholder)

Full Name (as in NRIC/Long-Term Pass/Passport)	Identification number (e.g. NRIC/FIN/Passport)	Date of birth (dd/mm/yyyy)
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others	If you have selected Singapore PR and Others, please give details of your Nationality	Country of Residence
Mailing address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact number (Mobile) (Home) (Office)	Email address	
Relationship to proposer		

Details of the Parent/Legal Guardian of the student to be insured for Education Fund Coverage (if different from policyholder)

Full Name (as in NRIC/Long-Term Pass/Passport)	Identification number (e.g. NRIC/FIN/Passport)	Date of birth (dd/mm/yyyy)
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others	If you have selected Singapore PR and Others, please give details of your Nationality	Country of Residence
Relationship to student		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Details of insurance

Course of Study	City of overseas residence
Policy start date (dd/mm/yyyy)	Name of overseas educational institution or school

Please select your plan (please tick one only)

Policy period	Plan A	Plan B
12 months	\$872.00	\$1,308.00
24 months	\$1,656.80	\$2,485.20
36 months	\$2,354.40	\$3,531.60

Note: Premiums indicated above are inclusive of 9% GST

Payment

Credit Card:	<input type="text" value="Visa"/>	<input type="text" value="Master"/>	
Relationship to cardholder: Self Others (please state): <input style="width: 80%;" type="text"/>			
Credit card number: <input style="width: 60%;" type="text"/>		Expiry date: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	
Name of cardholder: <input style="width: 80%;" type="text"/>			
 <hr style="width: 40%; margin: 0;"/> Cardholder's signature		 <hr style="width: 40%; margin: 0;"/> Date (dd/mm/yyyy)	

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 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.

Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services ("Marketing and Promotional messages") offered by Income, our affiliates, business partners and NTUC Enterprise group of social enterprises ("NE Group") that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, affiliates, business partners, insurance intermediaries and NE Group (collectively “Income Partners”):

() Postal mail () Email () Phone call () Phone messages*

*Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- (a) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- (b) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- (c) is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.

You may 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 and authorisation

- 1 I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- 2 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 person 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.
- 3 I understand that I may receive correspondences for this application and my policy documents electronically (collectively "policy e-documents"). I agree that Income can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.
- 4 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.
- 5 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.
- 6 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 in full.
- 7 I understand that all pre-existing medical conditions are not covered.
- 8 I am aware that I am not covered for any dangerous activities or sports.
- 9 I warrant and declare that I am not travelling overseas against medical advice or for the purpose of getting medical treatment.
- 10 I will notify Income immediately if there is any change in the state of my health or the insured person's health, including development of medical condition that I or the insured person have made a claim with Income before, or if I or the insured person plan to seek medical consultation, investigation, or treatment before the start date of this cover. Income may add special terms to the policy according to the information provided.
- 11 I declare that I am currently living in Singapore.
- 12 I agree that Income's legal responsibility will only begin when Income accepts this application and I have paid the first premium.
- 13 I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan at www.income.com.sg.
- 14 I agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.
- 15 I acknowledge that I am responsible for making sure that I am allowed to buy the plan(s) in this application form under the laws and regulations that apply to my nationality, my citizenship and the countries that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of the plan(s). I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of my nationality, my citizenship and the countries where I am a resident of, and a citizen of. I am aware that Income is not a licensed insurer and its appointed insurance intermediary is not an approved insurance broker/financial advisor outside Singapore. I further agree that this application and any policy issued are governed by the laws of Singapore without regard to the conflict of law principles and the courts of Singapore shall have exclusive jurisdiction.
- 16 I am aware that I can get advice from a qualified advisor before I sign this application. If I choose not to, I take full responsibility for making sure that this product is appropriate for my financial needs and insurance aims.
- 17 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 18 I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" ("PDUS"); (b) on the representation and warranty made in the PDUS; and (c) on the preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.
- 19 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 where applicable.

I agree that a copy of this authorization is valid and binding as an original copy

20 I agree that if I or any #Relevant Person is found to be a +Prohibited Person:

- you are entitled not to accept this application; and
- if any policy is issued, you are 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. You will not refund any unutilised premium when this policy is ended.

Your decision in every respect of the above will be final.

I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

#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.

+Prohibited Person means a person or entity who is, or who is ^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 you 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.*

^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.

21 I 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 this application (which would have affected Income's 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.

It is usually not a good idea to replace an existing accident and health-insurance policy with a new one. If you end the policy early, you may have to pay a higher premium or have new and extra conditions attached to your new policy. You will not get a full refund of premiums paid under your policy.

Signature of Policyholder

Date (dd/mm/yyyy)

Signature of student to be insured

Date (dd/mm/yyyy)

Important Notes

1. Please do not leave any answer blank. Write 'none' or 'NA' where relevant

For official use

Advisor's name	Advisor's code 691105	Campaign code
Policy number		