

Application for personal accident insurance (individual)

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. Otherwise, the insurance policy may not be valid.

Your details

Name (as shown in NRIC)		NRIC number	Date of birth (dd/mm/yyyy)
Residential address		Nationality	Sex ☐ Male ☐ Female
Contact number (Office)	(Home)	(Handphone)	Email Occupation

Details of the life to be insured (if different from you)

Name of insured (as shown in NRIC)		NRIC number	Date of birth (dd/mm/yyyy)
Contact number (Office)	(Home)	(Handphone)	Nationality Sex ☐ Male ☐ Female
Email	Relationship to you		Occupation
Nature of work ☐ Class 1 Professional, administrative, managerial or clerical professions which are indoor and of a non-manual nature. Management with overseas travel of less than 12 times a year. ☐ Class 2 Outdoor professions involving manual work whose duties do not involve using tools or machinery. Management with overseas travel 12 or more times a year. ☐ Class 3 Professions or occupations involving manual work whose duties involves using tools or machinery (other than woodworking machinery). ☐ Class 4 Commercial airline crews, full-time national servicemen, firemen, policemen, regular national servicemen, prison wardens, steermen, armed security guards, carpenters and woodworking machinists. ☐ Referred class Working on board a vessel, navy crews, airforce pilots, chemical plant workers, martial art instructors.			

Details of insurance

Policy start date (dd/mm/yyyy):			
Choice of plan (please tick one only)	☐ Plan 1	☐ Plan 2	☐ Plan 3
Accidental death	\$50,000	\$100,000	\$200,000
Permanent disability	\$50,000	\$100,000	\$200,000
Medical expenses for injury due to an accident	\$1,000	\$2,000	\$3,000
Increased sum insured			
- Accidental death and permanent disability (in multiples of \$50,000, this applies to plan 3 only and up to 10 times of your yearly income)			\$
- Medical expenses for injury due to an accident (in multiples of \$1,000) (Limit to 10% of the sum insured for accidental death benefit or \$10,000, whichever is lower)			\$
Optional cover			
- Weekly cash (in multiples of \$100 a week) (Limit to 0.7% of the sum insured for accidental death benefit or 20% of monthly earnings or \$1,000 a week, whichever is lower)			\$ a week
- Extra accidental death benefit for public transport (Sum insured will be equal to 100% sum insured for accidental death benefit)			☐ Yes ☐ No
- Daily hospital income (in multiples of \$50 a day) (Limit to 0.1% of the sum insured for accidental death benefit or \$300 a day, whichever is lower)			\$ a day
- Emergency medical evacuation and sending you home (in multiples of \$50,000) (Limit to 100% of the sum insured for accidental death benefit)			\$
- Motorcycling risk (extra premium: 25%)			☐ Yes ☐ No

Other details of insured

1 Do you have any other personal accident insurance? Have you ever made a claim against any insurer for an injury? If 'yes', with which company or companies, and for how much?	☐ Yes ☐ No
2 Do you suffer from any physical problems or infirmity or disease of any kind? If 'yes', please give details.	☐ Yes ☐ No
3 Do you take part in any dangerous sports or activities? If 'yes', please give details of how often you take part in these activities each year and give details on the nature of the sports or activities.	☐ Yes ☐ No
4 Does your occupation involve working at heights? If 'yes', please give details on the nature of the work and the highest level when working at height.	☐ Yes ☐ No
5 Have you ever been refused or accepted on special terms for life, accident or medical insurance or has any company (including NTUC Income) ever cancelled or refused to renew your policy? If 'yes', please give details.	☐ Yes ☐ No
6 Do you travel frequently? If 'yes', please give details of how often in each year and the length of each trip.	☐ Yes ☐ No
7 How much is your average monthly earnings? - If death cover is \$500,000 and above, please provide the latest IR8A or income tax returns. - If weekly cash benefit is \$700 and above, please provide salary payslips for the past three months.	\$ _____ monthly

Personal data collection statement

NTUC Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by NTUC Income includes all personal data provided in this form, or in any supplementary form or any document provided, or to be provided to us by you or your insured persons or from other sources from time to time including personal data of additional insured persons to be covered, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;

- (d) local or overseas service providers to provide us with services such as courier service, underwriting survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

5. Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products or services via telephone calls, text messages, faxes, mails, or emails.

☐ Yes ☐ No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, NTUC Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

Declaration and authorisation

- 1 I have not withheld any material information relating to this application. I accept full responsibility for it.
- 2 I understand that all pre-existing medical conditions are not covered.
- 3 I am aware that I am not covered for any dangerous activities or sports.
- 4 I agree that this application and other written statements, information or declaration I have made or made on my behalf, will form the basis of the contract of insurance between me and NTUC Income.
- 5 I acknowledge that you will not be legally responsible for any claims until you have accepted this application and you have received the premium in full.
- 6 I am aware that I can get advice from a qualified adviser 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.
- 7 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 8 I confirm that I understand and agree to the 'Personal data collection statement'.

You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this cover. If you fail to reveal any material information in this application, you may not receive any benefits under your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this 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.

Your signature

Date (dd/mm/yyyy)

Important notes

- 1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.
- 2 The minimum premium is \$35.31 (including 7% GST).
- 3 This policy covers an insured person while in Singapore and while outside Singapore for no more than 180 days in a row from the date of leaving Singapore. Any extension depends on you paying an extra premium, and us accepting the extension.

For official use

Adviser's name	Adviser's code	Campaign code
Policy number	Premium (inclusive of 7% GST)	Policy delivery ☐ Hand ☐ Mail