

Application for Plus! Protect

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.

Please fill in and send this application to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

Details of the proposer (OCBC Plus! or NTUC Plus! Visa cardholder)

Name (as shown in NRIC)		NRIC number or FIN	
Country of birth	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Premium payment mode <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Contact number (Mobile) (Home) (Work)	Email address		
Payment must be made by an OCBC Plus! or NTUC Plus! Visa credit- or debit-card of the proposer.			
Name of cardholder		Cardholder type <input type="checkbox"/> Principal cardholder <input type="checkbox"/> Supplementary cardholder	
Card number [][][][] - [][][][] - [][][][][] - [][][][][]		Card expiry date (mm/yy) [][] / [][]	
Residential address		Country of residential address	
Mailing address – if different from residential address			
<p>Residential address verification</p> <p>For Singapore Citizen/Permanent Resident – If the residential address stated in the application form is different from the address in your identity document, please provide billing proof.</p> <p>For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.</p> <p><i>Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.</i></p> <p>If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you DO NOT want us to update the address for any of your policy, please indicate the policy number below.</p> <p>Address will not be updated for policy number(s):</p>			

Details of lives insured

Details of lives insured							
Name (as shown in NRIC or BC)	NRIC or BC number or FIN	Nationality	Race	Sex	Date of birth (dd/mm/yyyy)	Height (metres)	Weight (kilograms)
OCBC Plus! or NTUC Plus! Visa cardholder				<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Name of company			Occupation			
	Type of plan			Sum assured			
	<input type="checkbox"/> Plus! Protect Classic						
	<input type="checkbox"/> Plus! Protect Prime						
Husband or wife				<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Email address						
	Name of company			Occupation			
	Type of plan			Sum assured			
	<input type="checkbox"/> Plus! Protect Classic						
<input type="checkbox"/> Plus! Protect Prime							
Child 1				<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Email address						
	Type of plan			Sum assured			
	<input type="checkbox"/> Plus! Protect Classic						
	<input type="checkbox"/> Plus! Protect Prime						
Child 2				<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Email address						
	Type of plan			Sum assured			
	<input type="checkbox"/> Plus! Protect Classic						
	<input type="checkbox"/> Plus! Protect Prime						
Child 3				<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Email address						
	Type of plan			Sum assured			
	<input type="checkbox"/> Plus! Protect Classic						
	<input type="checkbox"/> Plus! Protect Prime						

Questionnaire for the lives insured

	OCBC Plus! or NTUC Plus! Visa cardholder	Husband or wife	Child 1	Child 2	Child 3
1. Are you currently suffering from, or had in the past suffered from any disease or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you taken medication continuously for more than two weeks or undergone any investigations or any surgery (for example, X-rays, electrocardiograms, blood or urine tests, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any medical symptoms that you plan to seek medical advice or do any medical tests or investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue with the section below if you are applying for Plus! Protect Prime.

4. Have any of your natural parents or siblings been diagnosed with cancer, heart attack, stroke or diabetes before age 55?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been rejected or accepted at special terms for any insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'Yes' to any of the questions, please provide details. For questions 1 to 3, please provide the name of condition or conditions, date it began, investigations and results, treatment and current status. Please include the relevant question numbers and name of insured for your answer. Please use extra paper if you need to.

Personal data collection statement

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

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) OCBC Bank;
- (b) your financial advisers;
- (c) medical professionals and institutions;
- (d) insurers and reinsurers;
- (e) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (f) debt collection agencies;
- (g) dispute resolution parties;
- (h) parties that assist us to investigate, administer and adjudicate claims;
- (i) financial institutions;
- (j) credit reference agencies;
- (k) industry associations; and
- (l) 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. For any request to access or correct your personal data, please write to: The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557 or email to DPO@income.com.sg.

5. Consent to receive marketing materials

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Centre at 6788 1777 or consentwithdrawal@income.com.sg.

Please refer to www.income.com.sg/privacy-policy for more information.

Declaration and authorisation

Where the declaration and authorisation below applies to me:

I agree to tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to have any medical consultation, investigation or treatment between the date of this application and before the date you issue the policy. I understand that you may add terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information I have given.

I declare that the information and 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. 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 me and you. If anything is untrue, incorrect or incomplete, the insurance policy you issue will not be valid. I agree that your legal responsibility will only begin when you accept this application and the first premium has been paid in full and cover will apply from the start date in the insurance policy issued to me.

I agree and authorise any doctor, insurer or organisation to release to you, and you to release to any doctor, insurer or organisation, any relevant information to do with me and the insured at any time, whether you accept or refuse this application. This authorisation is for the purpose of this application or any other purpose relating to this policy. A photocopy of this authorisation is valid as an original copy.

I confirm that I understand and agree to the 'Personal data collection statement'.

I am aware that I can ask for advice from an insurance adviser before I sign this application. If I choose not to, I will make sure that this product is appropriate for my financial needs and insurance objectives.

I understand that it is usually not a good idea for me to replace an existing investment product (for example life policy/ investment-linked policy/ unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:

- a) the insured or I may not be able to obtain a similar level of protection on the same terms;
- b) the insured or I may not be insurable on standard terms;
- c) I may have to pay a higher premium in view of a higher age; and
- d) I will lose financial benefits built up over the years.

I have read and understood the product summary that is found on www.income.com.sg.

I have read Your Guide to Life Insurance or Your Guide to Health Insurance (if this applies) found on www.lia.org.sg.

I agree that if I or any *Relevant Person is found to be a *Prohibited Person, you are entitled not to accept this application. If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you 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 you from providing insurance cover or paying any benefit.

I agree that the policy will be entered in the Register of the Singapore policies.

I authorise you to charge the premiums due for the insured person (or people) named in this application and who are covered under this plan to my OCBC Plus! or NTUC Plus! Visa credit- or debit-card.

I am aware that the policy will end if I am no longer the cardholder of an OCBC Plus! or NTUC Plus! Visa credit- or debit-card issued by OCBC Bank.

Warning:

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.

You may not alter any of the wording in this application form. Any attempt to do so will be of no effect.

Your signature

Signature of your husband or wife (if to be insured)

Date (dd/mm/yyyy)

Mandatory documents

MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

You are required to provide the following documents for the insured person (or people) named in this application and who are covered under this plan:

a) Singaporean or Singapore Permanent Resident

- i. Proposer (applicable for supplementary cardholder only): a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
- ii. Husband or wife of proposer: a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
- iii. Child(ren) of proposer: a clear photocopy of the birth certificate and NRIC (front and back), if available

b) Others

- i. Proposer: a clear photocopy (front and back) of the work pass or permit and identity card
- ii. Husband or wife of proposer: a clear photocopy (front and back) of the work pass or permit or dependant's pass or long-term visit pass (whichever is applicable)
- iii. Child(ren) of proposer: a clear photocopy of the birth certificate and dependant's pass or long-term visit pass (front and back) (whichever is applicable)

For official use

Referred by (name)

Referred by (code)