

Application for Stallholder insurance

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.

Particulars of proposer and insured person

Name of Stallholder (as shown in NRIC)			Name of Joint operator (as shown in NRIC)		
Nationality	NRIC Number	Date of birth (dd/mm/yyyy)	Nationality	NRIC Number	Date of birth (dd/mm/yyyy)
Stallholder Contact number (Home) (Handphone)		Joint operator Contact number (Home) (Handphone)			
Type of business/trade <input type="checkbox"/> Non-cooked food stall/kiosk <input type="checkbox"/> Cooked food and/or Drink stall/kiosk				NEA License Number	
Address of stall to be insured					
Correspondence address of proposer					

Details of insurance required

Period of insurance (dd/mm/yyyy)	From _____	To _____
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Claims history

Were there any losses/claims within the last 3 years? If "Yes", please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any insurer declined or refused renewal or imposed any special terms on any of your applications within the last 3 years? If "Yes", please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual premium

	Type of Business	Plan A	Plan B	Plan C
A	Non-cooked food stall/kiosk	<input type="checkbox"/> \$ 107.00	<input type="checkbox"/> \$ 149.80	<input type="checkbox"/> \$ 214.00
	Cooked food and/or Drink stall/kiosk	<input type="checkbox"/> \$ 128.40	<input type="checkbox"/> \$ 179.76	<input type="checkbox"/> \$ 256.80
B	Optional Cover Fire & Insured Perils on insured building • \$6.42 per S\$10,000 sum insured, up to a max of \$ 100,000	\$ _____ x \$6.42 = \$ _____		
C	Optional Cover Work Injury Compensation for hawker assistant registered with NEA only a. Monthly salary of \$2,000 and below - \$64.20 per employee b. Monthly salary above \$2,000 - \$107.00 per employee	a. _____ x \$64.20 per employee = \$ _____ b. _____ x \$107.00 per employee = \$ _____		
Total Premium payable: A + B + C				

Premium rates are inclusive of 7% GST

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) 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.

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 insurance agents or insurance brokers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, 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. 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 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

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/We accept full responsibility for them.

I/We have not withheld any material information. I/We agree that this application and other written statement, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and Income.

I/We acknowledge that the liability of Income does not commence until this application has been accepted and the premium paid and received in full by Income.

I confirm that:

- (a) I understand and agree to the "Personal data collection statement"; and
- (b) I have informed and obtained the consent of the individual(s) named in this application to collect, use and disclose their personal data to apply for this insurance and for Income to process the application and for such other purposes ancillary or related to the administering of the policy, and/or managing my/our relationship with Income in accordance with the "Personal data collection statement".

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the intermediary but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Name and signature of proposer

Date (dd/mm/yyyy)

For official use

Intermediary's name	Intermediary's code	Date (dd/mm/yyyy)	Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
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Mail form with cheque made payable to "NTUC Income" to NTUC Income, 75 Bras Basah Road, Income Centre, Singapore 189557.