

## Application for Overseas Study 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. Otherwise, the insurance policy may not be valid.

### Your details

Name (as shown in NRIC)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC number	Date of birth (dd/mm/yyyy)
Residential address		Nationality	
Contact number (Office)	(Home)	(Handphone)	Email

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

Name (as shown in NRIC)	NRIC number	Date of birth (dd/mm/yyyy)
Relationship to you	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact number (Office)	(Home)	(Handphone) Email

### Details of insurance

Country of study	Name of overseas educational institution or school
Policy start date (dd/mm/yyyy)	

**Please select your plan** (please pick one only)

Policy period	Main plan	Main Plan with optional benefit		
		Main Plan + Option A	Main Plan + Option B	Main Plan + Option C
3 months	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$229.00	<input type="checkbox"/> \$307.00	<input type="checkbox"/> \$464.01
6 months	<input type="checkbox"/> \$263.00	<input type="checkbox"/> \$401.00	<input type="checkbox"/> \$538.00	<input type="checkbox"/> \$812.00
12 months	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$571.01	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$1,158.00

Premium rates are inclusive of 7% GST, non-guaranteed and may be reviewed from time to time.

#### Main Plan

Benefit	Maximum benefit limits per policy period
Personal accident	\$200,000
Medical expenses for injury due to an accident	Overall section limit:\$15,000 Sub-limit for medical treatment in Singapore: \$5,000
Emergency medical evacuation	Unlimited
Sending you home	Unlimited
Study interruptions	\$20,000
Compassionate Visit	Overall section limit:\$10,000 Sub-limit for hotel accommodation expenses: \$500 per day
Criminal assault	\$100,000
Loss or damage of personal belongings (including laptop) at overseas residence Type of personal belongings - Laptop - Handheld computer devices - Other personal belongings	Overall section limit:\$1,000 Sub-limit: \$1,000; \$200 in total; or \$500 per item, set or pair
Losing travel documents	\$500

<b>Travel delay</b> - while overseas - while in Singapore	Overall section limit: \$1,000 \$50 for every six hours of delay \$150 (after six hours of delay)		
Baggage delay while overseas Baggage delay when arriving in Singapore	Overall section limit: \$1,000 \$50 for every six hours of delay \$200 (after six hours of delay)		
Loss of or damage to checked-in baggage with a commercial airline	Overall section limit: \$2,000 Sub-limit for each item, set or pair: \$500		
Personal liability	\$300,000		
<b>Optional benefit</b>			
Hospital and surgical expenses (Sub-limit for medical treatment in Singapore: \$5,000)	<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
	\$25,000	\$50,000	\$100,000
Medical expenses for outpatient treatment for sickness while overseas (Excess: \$100 for each visit)	\$1,500	\$1,500	\$1,500

### How you will pay your premium

<input type="checkbox"/> Cash This only applies in branch	<input type="checkbox"/> Cheque Cheque number: _____ This only applies in branch
<input type="checkbox"/> Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Relationship to cardholder: <input type="checkbox"/> Self <input type="checkbox"/> Others (please state): _____	
Credit card number: _____ Expiry date: _____ / _____	
Name of cardholder: _____	
_____ Cardholder's signature	_____ Date (dd/mm/yyyy)

### 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 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.

#### 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. 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 Center at 6788 1777 or DPO@income.com.sg.

Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

**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 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)

\_\_\_\_\_

Signature of life to be insured

\_\_\_\_\_

Date (dd/mm/yyyy)

**Important note**

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

**For official use**

Adviser's name	Adviser's code	Campaign code
Policy number	Premium (inclusive of 7% GST)	Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail