

## Managed Healthcare System (MHS) Health Declaration Form

**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.

### Section A: Details of applicant or policyholder

Name (as shown in NRIC or FIN)	NRIC or FIN number
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### Section B: Particulars of life to be insured

Name (as shown in NRIC or FIN)	NRIC or FIN number
Height (metres)	Weight (kilograms)
	Policy number

### Section C: Questions on health of life to be insured

- Has any proposal for life or health assurance on your life to this or any other insurer been refused, postponed or accepted but with terms attached to that policy?
  - No
  - Yes (Please give the reason and medical conditions below.)
- Have you suffered, or are you now suffering, from any illnesses, disorders, injuries, medical conditions, physical impairments or problems or congenital or hereditary disorders (for example, speech impairment, autism or attention deficit hyperactivity disorder)?
  - No
  - Yes (Please give the name of the conditions, diagnosis and symptoms below.)
- Have you ever undergone or do you anticipate that you will undergo a stay in the hospital or consultation with a doctor or treatment, investigation or surgery?
  - No
  - Yes (Please give details below.)
    - (a) dates of stay in the hospital:
    - (b) describe treatment:
    - (c) date when treatment was first received:
    - (d) how often you visit the doctor for this condition:
    - (e) average cost per visit to your doctor:
    - (f) other relevant information.

## Section D: 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 wordings 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 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.

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

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

### Section E: Declaration

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my proposal. I agree that this form will constitute part of my proposal for health insurance and that failure to disclose any material fact known to me may invalidate the contract of insurance.

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

I am aware and agree that I must declare any changes to my health condition including development of such medical condition that I have made a claim with you before.

If I am reinstating my policy, I agree that notwithstanding the terms and conditions under the policy;

- i) I must give you all material information about the life to be insured from the expiry date of my policy, up till the reinstatement date that may influence your decision whether to reinstate or to impose any further terms under the policy; and
- ii) If I fail to give you this material information or misrepresent any such information, you may:
  - a. declare the policy as void from the start date of the reinstated policy;
  - b. end the cover for the life to be insured and not pay any benefits; or
  - c. add extra terms and conditions to the policy.

I am aware and agree that the terms and conditions of my reinstated policy may be different from the terms and condition of my policy prior to the reinstatement.

I confirm that I am not an undischarged bankrupt, that no statutory demand has been served on me and no bankruptcy order has been made against me.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

**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 arrange for any medical consultation, investigation or treatment before the start date of your policy or, if you are reinstating your policy, before the reinstatement date of your policy. If you fail to reveal any material information in this application, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on 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 proposal form. Any attempt to do so will be of no effect.**

Dated and signed in Singapore on \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of applicant or policyholder

Signature of life to be insured (16 years old and above must sign)