



HEALTH DECLARATION FORM

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Singapore Life Ltd. ("Singlife") and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

SECTION A: APPLICANT DETAILS

Contract No.	<input type="text"/>				
Assured/Life Assured	<input type="text"/>				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Smoker Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation	<input type="text"/>	Residency/Nationality	<input type="text"/>		
Age Next Birthday	<input type="text"/>	Sum Assured/Benefit	<input type="text"/>	Term	<input type="text"/>

SECTION B: HEALTH QUESTIONS

ASSURED/LIFE ASSURED

1. Do you have any physical defects, impairments, deformities, behavioural/developmental disorders or conditions affecting mobility, sight, hearing or cognitive functions? Yes No
If 'Yes', please provide details.

2. Have you ever sustained any injury as a result of an accident over the past five years? Yes No
If 'Yes', please provide details.

SECTION C: DECLARATION

IMPORTANT NOTES: IF A MATERIAL FACT IS NOT DISCLOSED IN THIS APPLICATION, ANY POLICY ISSUED AND ANY POLICY WHICH YOU HAVE WITH SINGLIFE TO WHICH THE MATERIAL FACT APPLIES 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 FINANCIAL ADVISER REPRESENTATIVE BUT WAS NOT INCLUDED IN THE APPLICATION. PLEASE CHECK TO ENSURE YOU ARE FULLY SATISFIED WITH THE INFORMATION DECLARED IN THIS APPLICATION.

Signature of Life Assured	Signature of Proposer (Assured)/Joint Life Assured	Signature of Financial Adviser Representative
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Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
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Identity Card/ Passport No.: <input type="text"/>	Identity Card/ Passport No.: <input type="text"/>
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Signed and declared in SINGAPORE on (DD/MM/YY) / /