

# APPLICATION FORM

GROUP POLICY No. G007500

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

## SECTION A: STATUS OF PERSON TO BE INSURED (Tick where appropriate)

**Member**  Regular (includes DXOs and MEs)  NSman  NSF  
 SAF Volunteers\*  Public Officer working in MINDEF  Civillian

**Affiliate Member**  DSTA/DSTA - affiliated entities employee  MINDEF - related organisations employee

Dependant  Spouse  Child (Please use a separate application form for each insured member)

If the applicant is a dependant, please complete the NRIC No. of the Insured Serviceman:

# Refer to NS Volunteers, SAF Volunteers and Corps Volunteers

## SECTION B: PARTICULARS OF PERSON (Please complete in FULL and BLOCK letters)

NRIC^ No.  Date of Birth (dd/mm/yy)  Gender  Male  Female

Name

^ or birth certificate / passport number

## SECTION C: I AM INSURED UNDER THE MINDEF & MHA GROUP TERM LIFE AND/OR GROUP PERSONAL INJURY AND WISH TO APPLY FOR (Please Tick your preferred plan)

Plan Type:  PLAN A (Superior)  PLAN B (Deluxe)

## SECTION D: HEALTH QUESTIONNAIRE

Height  m Weight  kg

Have you smoked in the last 12 months?  No  Yes No. of Years:  No. of cigarettes per day:

Do you consume alcohol?  No  Yes (If 'Yes', please state the type, quantity and frequency.)

Type of alcohol:  Quantity:  Frequency (per week):

If you are unsure whether any information is material or not, you are advised to disclose it.	Yes / No	If 'Yes', please indicate and provide the relevant details.
1. Have you ever had or been told to have or been treated for: a) epilepsy, stroke, neurological disorders, disorders of the eyes, ears, nose or throat, asthma, blood pressure problems, & heart disorders, diabetes, high cholesterol, thyroid disorders, hepatitis, liver disorders, bladder disorders, intestinal & or bowel disorders, blood or protein in urine, kidney disorders, prostate disorders or genito-urinary disorders, & cancer, tumours, cysts or growths of any kind, slipped disc, gout, arthritis, disorders of the muscles, spine, & limbs or joints, depression, anxiety, mental or nervous disorders, anaemia or any other disorders of the blood, & AIDS, HIV or venereal disease, drug addiction, alcoholism or any other illness, physical injuries or abnormalities & not listed above?		
b) For Female Applicant only: breast lumps, fibroadenoma, cysts, fibroids, ovarian cysts, endometriosis, adenomyosis or any disorders of the & female reproductive system?		
2. Have you ever been admitted to any hospital and/or had any surgery, accident, illness or injury in the last 5 years?		
3. Have you ever been recommended by a doctor to receive any medical treatment, undergo any medical tests, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine?		
4. Have you ever consulted any specialist/doctor and/or had investigations done and/or prescriptions provided for any drugs or medications for any medical conditions other than common illness e.g. Flu, Cough, etc?		
5. Have you ever engaged in activities that will increase the likelihood of exposure to any immunity disorder such as AIDS or AIDS-related conditions or in the last 3 months had experienced the following symptoms for more than one week continuously; fatigue, weight loss, diarrhoea or unusual skin lesions?		
6. Have you ever engaged in hazardous activity such as aviation (other than as a private paying passenger), scuba diving, motor racing, mountaineering etc? (SAF occupations and training are exempted)		
7. Have you ever been rejected or accepted at special terms for any application, renewal or reinstatement of life, health or any other insurance policies?		

## SECTION E: PERSONAL DATA CONSENT

1. I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.
2. I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
3. On behalf of myself and all proposed insured lives, I/we consent to Singlife disclosing and transferring my/our personal data to a new insurer selected by MINDEF/MHA for the purpose of facilitating and/or administering insurance coverage with the new insurer.
4. I/We have read and understood Singlife's Data Protection Notice which may be found at [singlife.com/pdpa](http://singlife.com/pdpa). Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

## SECTION F: DECLARATION

1. I declare that the information given above is true and complete to the best of my knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null and void. I agree that this application shall be the basis of the contract of insurance to be issued under the said Group Insurance Policy. I understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singapore Life Ltd.
2. I agree to inform Singapore Life Ltd. if there is any change in the state of my and/or dependant(s)'s health or my/or my dependant(s)'s activities between the date of this Health Declaration and the date of full insurance coverage is provided by Singapore Life Ltd. to me and my/or my dependant(s). I understand that the terms of accepting me and or my dependant(s) as a risk for insurance coverage may vary according to such information received.
3. I consent to Singapore Life Ltd. seeking information from my doctor who has attended to me or from other insurance company to which I have at any time made a proposal for insurance and I authorise the giving of such information. I further authorise Singapore Life Ltd. to give such information obtained or information contained herein for the purpose of obtaining insurance cover under the said Group Policy to the insurance intermediary/ administrator of the said Group Insurance Policy.
4. For Regular servicemen/NSF, by signing the application form, I consent to MINDEF/MHA or its appointed agency/administrator to release my personal particulars and bank information to Singapore Life Ltd. to update my insurance record.
5. I hereby consent the use of my bank account's information with DBS Bank or POSB, provided by MINDEF/MHA or its appointed agency/ administrator, to Singapore Life Ltd. for my interbank GIRO application of such group insurance schemes to DBS Bank or POSB (where applicable). However, should I choose to use another bank account to pay for my policy(ies), I shall inform Singapore Life Ltd. accordingly and put up the necessary GIRO application form.
6. I acknowledge that I have access to a copy of the Product Summary, "Your Guide to Life Insurance" and "Your Guide to Health Insurance" (if applicable) via the Singlife website at [singlife.com](http://singlife.com) and have read and understood the content.
7. I am aware that I can seek advice from a qualified adviser before I sign on this application form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to meet my financial needs and insurance objectives.
8. I understand that if I decide that this policy is not suitable for my needs, a full refund of the premium less any expenses incurred will be made to me upon receipt of my written notification of cancellation to Singapore Life Ltd. at its Registered Office within 14 days from the date I receive my policy.

Name & Signature of Member/Affiliate Member  
(Mandatory)

Signature of Dependant (Age 16 and above)  
(if applicable)

/   /

Date (DD / MM / YYYY)