

COMPLIMENTARY
PERSONAL ACCIDENT INSURANCE



KEY BENEFITS	MAXIMUM AMOUNT PAYABLE
<p>Accidental Death and Permanent Disablement</p> <p>Pays in accordance with the schedule of compensation under Section 1 of the policy for any Accidental Injury leading directly to death or Permanent Disablement within 365 days of the Accident</p>	<p>S\$50,000</p>
POLICY EXTENSIONS	
<p>1. Worldwide Cover</p> <p>2. Disappearance</p> <p>3. Terrorism</p> <p>4. Drowning or suffocation by smoke, poisonous fumes or gas</p>	<p>Yes</p>

APPLICATION FORM

IMPORTANT NOTE: NOTICE TO THE APPLICANT

STATEMENT PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (OR ANY SUBSEQUENT AMENDMENTS THEREOF) - YOU ARE TO DISCLOSE IN THIS APPLICATION FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW IN RESPECT OF THE RISK PROPOSED, OTHERWISE THE POLICY ISSUED HEREFTER MAY BE VOID.

SECTION A: APPLICANT DETAILS

Full Name as per NRIC (please underline last name)

NRIC / FIN Number

Mobile Number

Email Address

SECTION B: PERSONAL DECLARATION

I hereby warrant and declare that:

1. The information I have provided in this application is true, correct and complete and shall form the basis of the insurance contract. I understand that under section 23(5) of the Insurance Act, if I withhold any information which I know or ought to know, my claim may not be payable.
2. I hold a valid NRIC(s) or FIN(s).
3. I am between 16 to 70 years of age.
4. I am not engaged in duties involving heavy manual work or with exposure to extraordinary health, accidental or special hazard. I have not previously been refused accident, financial protection, health, life or medical insurance, or been imposed special conditions, or had my policy cancelled or terminated.
5. I will inform Singapore Life Ltd. if there is any change in material fact which may affect the cover.
6. This application for insurance has been completed wholly by me and not by any other person. I understand that all benefits will be payable only upon an occurrence of an accident.
7. I understand that I may seek advice from a qualified financial adviser representative before making a commitment; and in the event that I do not seek advice from a qualified financial adviser representative, I should consider whether the insurance coverage is suitable for my needs.
8. I have received, read and understood the summary of insurance coverage relating to this insurance. I am aware of and agree to abide by the Policy terms, conditions and exclusions.
9. I understand that I am entitled to a maximum of 1 complimentary policy of same product nature only and will not be covered under additional complimentary policies beyond that. e.g. You may receive up to 1 complimentary personal accident policy, but not more than 1 complimentary personal accident policy.
10. I acknowledge that Singapore Life Ltd. will not be legally responsible for any claims until Singapore Life Ltd. has accepted this application.
11. I understand that the insurance coverage is for 1 year and will commence 14 calendar days from the date this application form is signed.

APPLICATION FORM

SECTION C: PERSONAL DATA CONSENT

I consent to Singapore Life Ltd ("Singlife") collecting, using and/or disclosing my personal data (whether contained in this form or obtained from other source; existing data in Singlife's record or to be collected in future) for the following purposes:

- To issue and administer my existing and/or new policy(ies) and/or accounts with Singlife, and such other purposes ancillary or related to the administering of the policy(ies) and/or accounts, including the processing of my personal data for underwriting purposes, payment of premiums and/or claims purposes;
- To provide general information on product enhancements and services relevant to my needs or policy(ies) as well as to provide financial advice and product recommendations to me, where applicable;
- For statistical, research, compliance, audit and regulatory purposes; and
- To provide me with information about Singlife's and Singlife related group of companies' products and services (including marketing offers and promotions) via mail, phone, email and messages on any messaging platform (including SMS).

I also consent to Singlife disclosing and/or transferring my personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Singlife's Data Protection Notice.

I confirm that I have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me upon posting and/or where I continue to use the relevant products and services offered by Singlife to which such terms relate to.

SECTION D: APPLICANT SIGNATORY

Signature:

 / /

Date (DD / MM / YYYY)

OFFICIAL USE ONLY

Financial Adviser Representative (FAR)

FAR Code

Firm Name

Cover Start Date

Cover End Date