

COMPLIMENTARY HOME INSURANCE



SECTION	KEY BENEFITS	MAXIMUM AMOUNT PAYABLE
1.	Household Contents Items such as: <ul style="list-style-type: none"> • Furniture and furnishings • Domestic appliances • Mobile phone • Personal computer • Audio and visual equipment • Clothing and linen(s) • Crockery and utensils • Camera • Watches* • Jewellery* 	S\$20,000
2.	Renovations Items such as: <ul style="list-style-type: none"> • Kitchen cabinets • Built-in wardrobes • Bathroom and sanitary furniture • Ceiling lamps • Air conditioners • Floor coverings 	S\$50,000
3.	Family Worldwide Liability Cover you and your family member against legal liability for accidental bodily injury to any person or accidental damage to third party's property	S\$50,000
4.	Alternative Accommodation / Loss of Rent Cover up to S\$1,000 per week for a maximum of 10 weeks if your home is uninhabitable	S\$10,000 Up to S\$1,000 per week
PERILS COVERED:		
<ul style="list-style-type: none"> • Fire • Flood • Theft • Earthquake and lightning • Explosion • Bursting or overflowing of water pipes or household apparatus • Vehicle impact • Riot, strike or civil commotion 		

Note: *The sub-limit for **Valuables** is up to S\$1,000 per article / set / pair and up to the total amount of S\$6,000.

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

Insured Address

Block No.

Unit No.

Street/Building Name

Street/Building Name

Postal Code

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 at least 16 years old at the time of application.
4. The application for insurance has been completed wholly by me and not by any other person.
5. 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.
6. I understand that the insurance coverage is for 1 year and will commence 14 calendar days from the date this application form is signed.
7. 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 home policy, but not more than 1 complimentary home policy.
8. I acknowledge that Singapore Life Ltd. will not be legally responsible for any claims until Singapore Life Ltd. has accepted this application.
9. I have never previously been refused to buy or renew home insurance or had my home insurance cancelled or voided.

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