

PERSONAL ACCIDENT SAFE APPLICATION FORM
IMPORTANT

- Statement Pursuant to Section 25(5) of the Insurance Act: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- Your Personal Data Is Important To Us. This is an application for an insurance product provided by China Taiping Insurance Singapore Pte. Ltd. ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

 Intermediary Code/Name

1 Proposer's Information

Name	
	<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mdm
Address	
Country:	Postal Code:
Contact Numbers	
Home No.:	Office No.:
Mobile No. (Mandatory):	Email Address (Mandatory):
Nationality	
<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others, please specify:	
NRIC / FIN <small>(Please attach a copy of your Identity Document)</small>	
Marital Status	
<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced	
Gender	
<input type="radio"/> Male <input type="radio"/> Female	

2 Particulars of Person(s) to be Insured

Details of spouse, child(ren) and parent(s) are required only if they are included in this cover under Family Plan

Relation	Name	NRIC / FIN	Birth Date	Gender	Occupation	Class I / II / III
Self						
Spouse						
Child 1						
Child 2						
Child 3						
Paternal Parent 1						
Paternal Parent 2						
Maternal Parent 1						
Maternal Parent 2						

3 Details on Occupation / Hobby / Insurance History

1. Do you supervise or perform manual work? Yes No
2. Is there anything hazardous about your occupation or hobby? Yes No
3. Do you suffer from any disease, physical defect, infirmity or illness? Yes No
4. Do you have another personal accident insurance which is either in-force or pending insurance application? Yes No
5. Have you ever made a claim against any insurer in respect of any bodily injury? Yes No
6. Has your application for life or accident insurance been declined or has any policy been cancelled or renewal refused or subject to special terms? Yes No
7. If answer is yes to any of the question(s) above, please provide details:

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4 Period of Insurance

From

D	D	/	M	M	/	Y	Y	Y	Y
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To

D	D	/	M	M	/	Y	Y	Y	Y
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5 Choice of Plan/Coverage (please tick)

Choice of Plan Individual Family

Choice of Coverage Titanium Platinum Executive Economy

15% discount granted on the family plan premium, if (i) no child, (ii) no spouse is included

6 Declaration

I declare that I / person(s) to be insured am / are in good health and free from any physical impairment and residing in Singapore. I will give notice to China Taiping Insurance (Singapore) Pte. Ltd. of any change in health, occupation, activities or country of residence of such person(s). I further declare that I / person(s) to be insured am / are not an undischarged bankrupt.

I understand and agree that benefits under this policy will only be payable upon an accident occurring. I am aware that i can seek advice from a qualified advisor to ensure that this product is appropriate for my financial needs and insurance objectives before I sign this application.

I hereby declare that the statements made in this application are true and complete which shall be the basis of contract between me and China Taiping Insurance (Singapore) Pte. Ltd..

7 MODE OF PAYMENT (Please tick)

I enclosed a cheque of S\$ payable to "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."

Bank / Cheque No.:

Please charged S\$  

NAME OF CARD HOLDER

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EXPIRY DATE:

M	M	/	Y	Y	Y	Y
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Month Year

I enclosed cash payment of S\$

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Email Mail SMS and other phone-based messages Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: <https://bit.ly/marketingconsent>.
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

Signature of Insured Person or his/her Authorised Representative

Date

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