NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 63 INCOME/6788 1777 · Fax: 6338 1500
Email: csquery@income.com.sg · Website: www.income.com.sg
an NTUC Social Enterprise

Application for Maternity 360

Statement under Section 25(5) of the Insurance Act, Cap. 142 (or any future amendments to it)
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for.
Otherwise, the insurance policy may not be valid.

For official use

Adviser's name	Adviser's code	Source code	Delivered by ☐ Mail ☐ Hand

Details of proposer

Name (as shown in NRIC)		NRIC or FIN number	Date of birth (dd/mm/yyyy)	
Nationality ☐ Singaporean ☐ Singapore PR ☐ Others (Please give details) _____		Country of birth		
Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced		Sex ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Name of company or school		Yearly income (S$)	Occupation	
Home address		Exact nature of work		
Contact number (Office) (House) (Hand phone)		Email		

If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you do NOT want us to update the address for any of your policy, please indicate the policy number below. Address will not be updated for policy number(s):

Are you a tax resident of any country other than Singapore?
☐ Yes ☐ No

If yes, please fill in all the countries in which you are a resident of tax purposes and the corresponding Taxpayer Identification Numbers (TIN). If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to complete and submit Form W-9.

	Country of tax residence	TIN
1		
2		

You must provide a TIN. If you are unable to provide a TIN, please provide the reason below.

Please note that any false, misleading or fraudulent information regarding your resident status for tax purposes may result in certain penalties.

Details of insured (if different from proposer)

Relationship to proposer
☐ Child (Below age 18) ☐ Husband or wife ☐ Others _____ (Please give details)

Name (as shown in NRIC)		NRIC or FIN number	Date of birth (dd/mm/yyyy)	
Nationality ☐ Singaporean ☐ Singapore PR ☐ Others (Please give details) _____		Sex ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Home address		Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced		
Contact number (Office) (House) (Hand phone)		Email		Yearly income (S$)
Name of company or school	Exact nature of work		Occupation	

Details of plan

Basic policy (Please give the product code.)	Sum assured (S$)	Premium due (S$)

Payment method

Method for paying single premium

☐ Cash ☐ Cheque number _____ (Payable to NTUC Income) ☐ GIRO

GIRO arrangement

☐ New or third party GIRO application (Please fill in and attach a new application for Interbank GIRO form.)

☐ Existing GIRO arrangement (Please give us details below.)

Name of account holder	NRIC number of account holder	Name of bank and branch	Bank account number

I will pay the premiums for this plan in line with my existing Interbank GIRO instruction with Income.

_____

Account holder's signature or thumbprint or company stamp (as shown in bank's record)

Declaration on Politically Exposed Person (PEP)[1]

1 Is the proposer or beneficial owner a Politically Exposed Person (PEP)? ☐ Yes ☐ No
If yes, please provide details below.

Name of the PEP	Title of PEP

2 Is the proposer or beneficial owner a close associate person[2] of a PEP? ☐ Yes ☐ No
If yes, please provide details below.

Name of the PEP	Title of PEP
Name of the person connected to PEP	Relationship with PEP

[1] Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore or a foreign country. Prominent public function as defined in MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

[2] Close associate person means an individual who is closely connected to a politically exposed person either socially or professionally. Examples of close associate person include parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling.

Declaration of source of funds and wealth (We may request for additional information or supporting documents, if necessary.)

1 Source of funds

a Who is paying the insurance premium for this application? ☐ Proposer or self ☐ Others
If your answer is others, please provide details below.

Name of the payor	Identification number of payor (NRIC or Passport or FIN number)
Relationship to proposer	Contact number

b What is the source of funds used to finance the premiums?

☐ Salary or commission
☐ Personal savings
☐ Sale of assets (Please give details below)
☐ Proceeds from a policy (Please give details below)
☐ Inheritance (Please give details below)
☐ Other (Please give details below)

Details _____

_____

_____

_____

2 Source of wealth[3] (to be declared on the party who is paying the insurance premium for this application. Otherwise, it is to be declared on the proposer or beneficial owner)

☐ Salary or employment income
☐ Cash and savings
☐ Inheritance and gift
☐ Withdrawal of CPF money
☐ Business or trade income
☐ Investments (shares, bonds, unit trusts, and so on)
☐ Sale of property or company or other assets
☐ Others, please specify _____

[3] Source of wealth refer to the origin of the proposer's, payor's and beneficial owner's entire body of wealth (i.e. total assets).

Declaration and replacing existing policies

	Insured
1 Do you have any existing policy? If yes, please provide details below.	☐ Yes ☐ No

Insured

Name of company	Year issued	Sum assured			Total and permanent disability	Accident and hospitalisation	Others
		Life	Critical illness	Term			

2 Has any proposal or application for a life or critical illness or disability, or accident or hospital insurance policy ever been refused, postponed and accepted at special rates with Income or any other insurer? If yes, please provide details below of the insurer and reasons.	☐ Yes ☐ No
3 Are you making or have you made any claims, including hospitalisation claims on any policy with Income or any other insurer?	☐ Yes ☐ No
4 Have you made any other proposal or application with us at Income or any other insurer?	☐ Yes ☐ No
5 Is the insurance you are applying for to replace any existing policy with this or any other office? Warning: We would not advise you to replace an existing life insurance policy with a new one. Some of the disadvantages are: a the insurance may not be granted on standard terms; b you may have to pay a higher premium as you are now older; and c you will lose financial benefits built up over the years. Please consult your present insurer before making a final decision. Make a careful comparison so that you can be sure that you are making a decision that is in your best interest.	☐ Yes ☐ No

If your answer is yes to questions 2 to 5 above, please provide details below.
Insured

Question number	Details

Lifestyle

	Insured
1 Do you drink alcohol or take any other stimulants?	☐ Yes ☐ No
2 Do you smoke cigarettes?	☐ Yes ☐ No
3 Do you plan to live abroad for more than three months other than for holidays or studies? If yes, please provide details below including the country, for how long and the reason why.	☐ Yes ☐ No
4 Do you take part in or do you plan to take part in military or private flying other than as a passenger on a regular airline or any other dangerous occupation or pursuits such as scuba diving, mountain or rock climbing, free-fall parachuting, sky diving or motor racing?	☐ Yes ☐ No
5 Have you been taking any drugs which can become addictive or have you ever been treated for drug or alcohol addiction?	☐ Yes ☐ No

If your answer is yes to the above questions, please provide details below.
Insured

Question number	Details
1	Type (for example beer, wine or other alcoholic drinks): _____ Glasses each week: _____ We assume one glass holds 330 millilitres of drink.
2	_____ How many? For _____ years?

Family history

	Insured
Have either of your natural parents or any of your brothers or sisters died or suffered from cancer including carcinoma-in-situ, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If yes, please provide details below.	☐ Yes ☐ No

Insured

Name and relationship	Living			Deceased	
	Age	Medical condition	Age when it began	Age at death	Cause of death and details

Details of regular doctor

	Insured
Do you have a regular doctor? If yes, please provide details below.	☐ Yes ☐ No

Insured

Name of doctor	Address of regular doctor
Date, reasons and details of last consultation	

Questions on health

	Insured
1 Have you ever had been treated for or been told to get treatment for: a epilepsy, fits, stroke, paralysis, weakness of limbs, persistent headache, unconsciousness, nervous breakdown, depression or any other nervous or mental disorder?	☐ Yes ☐ No
b diabetes, thyroid disorders or any other endocrine disorders?	☐ Yes ☐ No
c double vision, impaired sight, hearing or speech, ear discharge, nosebleeds or any other disorders of the eye, ear, nose or throat?	☐ Yes ☐ No
d asthma or a persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints or discomfort or any other lung diseases?	☐ Yes ☐ No
e raised cholesterol, high blood pressure, heart attack, heart murmur, prolapsed mitral valve or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorder of the heart or blood vessels?	☐ Yes ☐ No
f gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	☐ Yes ☐ No
g jaundice, being a hepatitis-B carrier or any other form of hepatitis, liver disorder or gall bladder disorder?	☐ Yes ☐ No
h blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	☐ Yes ☐ No
i slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	☐ Yes ☐ No
j cancer, tumour, cyst or growth of any kind?	☐ Yes ☐ No
k anaemia, any other disorders of the blood, or had been told not to donate blood or received a blood transfusion or blood products for haemophilia or any other reason?	☐ Yes ☐ No
l any other illness, disorder, operation, physical disability or accident not mentioned above?	☐ Yes ☐ No
2 Have you or your husband or wife received any medical advice, counselling or treatment in connection with sexually-transmitted diseases, AIDS, AIDS-related complex or any other AIDS-related conditions?	☐ Yes ☐ No
3 Have you had a HIV test done (please give the reason and results), or in the last three months had any of the following symptoms for more than one week continuously? Feeling tired, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	☐ Yes ☐ No
4 In the past five years, have you had any test done such as an X-ray, ultrasound, CT scan, biopsy, pap smear, electrocardiogram (ECG), blood or urine test? If yes, please provide details of any abnormalities found.	☐ Yes ☐ No
5 Have you had any gain or loss in weight of more than 5kg in the last 12 months? If you answered yes, please provide reasons in the space below.	☐ Yes ☐ No

Questions on health (continued)

	Insured
6 a Have you had or received any treatment for or plan to be treated for any disease or disorder of the breast including breast lump, cyst, fibroadenoma, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ, cancer or growth?	☐ Yes ☐ No
b Have you had or received any treatment for or plan to be treated for any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, abnormal enlargement of the abdomen, carcinoma in situ or cancer?	☐ Yes ☐ No
c Have you had an abnormal mammogram, PAP smear, pelvis ultrasound, breast ultrasound, cone biopsy, colposcopy, or other gynaecological test; or have you ever been advised for further follow-up on (or to repeat) any one of these tests within a 6-month or 12-month period?	☐ Yes ☐ No
7 How many weeks pregnant are you now?	
8 What is your weight before pregnancy (kg)?	
9 What is the estimated date of delivery (EDD) (dd/mm/yyyy)?	
10 How many foetus are you carrying (Single/Twins/Others)?	
11 Is your current pregnancy conceived through assisted reproductive technology such as but not limited to in-vitro fertilisation (IVF)?	☐ Yes ☐ No
12 Please provide the name and address of your gynaecologist.	
13 What is the date of your last follow up with the gynaecologist (dd/mm/yyyy)?	
14 Have you done or been advised to do any of the following tests:	
a Urine test	☐ Yes ☐ No
b Blood test	☐ Yes ☐ No
c First trimester prenatal screening such as OSCAR	☐ Yes ☐ No
d Amniocentesis/ Chorionic villous sampling/ Prenatal test e.g. Harmony, iGene, Panorama, Verifi	☐ Yes ☐ No
e Detailed ultrasound and/or any other test or investigation	☐ Yes ☐ No
15 Have you been advised by a medical doctor not to conceive?	☐ Yes ☐ No
16 Have you, or has the biological father of the foetus, or have any immediate family members of you/the biological father of the foetus been diagnosed with Thalassaemia, Duchenne muscular dystrophy, Hemophilia A, Huntington's disease?	☐ Yes ☐ No
17 Have you ever conceived or given birth to a baby with congenital illness such as but not limited to Down's Syndrome, structural heart defects, brain and spinal cord disorder, cleft palate/lip?	☐ Yes ☐ No ☐ Not applicable (i.e. first pregnancy)
18 Have you ever had, been told to have or received treatment for any of the following pregnancy complication(s)?	
a Pre-eclampsia or eclampsia (pregnancy induced hypertension with protein in urine)	☐ Yes ☐ No
b Glycosuria (sugar in urine) or gestational diabetes	☐ Yes ☐ No
c Placental abnormalities	☐ Yes ☐ No
d Bleeding during pregnancy after first trimester	☐ Yes ☐ No
e Severe anemia in pregnancy (haemoglobin level of less than 8mg/dl)	☐ Yes ☐ No
f Fatty liver due to pregnancy	☐ Yes ☐ No
g Cervical incompetence or weakness of the cervix	☐ Yes ☐ No
h Repeated urinary tract infection or infection of the womb	☐ Yes ☐ No
i Premature uterine contractions	☐ Yes ☐ No
j Pre-term labour (ie. before 32 weeks) or still birth	☐ Yes ☐ No
k Hospitalisation during pregnancy	☐ Yes ☐ No
l Late miscarriage after first trimester	☐ Yes ☐ No

Questions on health (continued)

m Any pregnancy complications or abnormalities not mentioned above	☐ Yes ☐ No
19 Have you been told or have you ever had any test showing any abnormality of the foetus?	
a Abnormal foetal size in relation to gestational age	☐ Yes ☐ No
b Abnormal foetal position/presentation	☐ Yes ☐ No
c Abnormal foetal heart rate	☐ Yes ☐ No
d Abnormal foetal movement	☐ Yes ☐ No
e Intrauterine growth retardation	☐ Yes ☐ No
f Down's Syndrome	☐ Yes ☐ No
g Any other congenital abnormality	☐ Yes ☐ No

If you answered yes to questions 1 to 6, 11, 14 to 19, please provide details in the space below.

- The name of the condition and the date of diagnosis.
- The name and address of each doctor and hospital.
- How long the illness or injury lasted and the date of recovery.
- The nature of the tests done, dates, results and reasons for the tests.
- A copy of the above tests, if any.

Declaration on beneficial ownership

If you are not the beneficial owner (see below), please provide the details such as the name and NRIC or passport number of the beneficial owners and your relationship to them. Please also provide a copy of their NRIC or passport.

Please provide relevant details here _____

Beneficial owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as "the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated".

If you fill in this section, it does not mean you are choosing a beneficiary under the policy.

Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. Purpose of collection

We may collect and use the personal data to:

(a) carry out identity checks;
(b) communicate on purposes relating to an application or policy;
(c) decide whether to insure or continue to insure you and your insured persons;
(d) determine and verify your creditworthiness for the financial and insurance products you apply for;
(e) provide financial advice for product recommendation based on your financial needs analysis;
(f) provide ongoing services and respond to your inquiries or instructions;
(g) make or obtain payments;
(h) investigate and settle claims;
(i) recover any debt owed to us;
(j) detect and prevent fraud, unlawful or improper activities;
(k) conduct research and statistical analysis;
(l) coach employees and monitor for quality assurance;
(m) reinsure risks and for reinsurance administration;
(n) comply with all applicable laws, including reporting to regulatory and industry entities; and
(o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

(a) your financial advisers;
(b) medical professionals and institutions;
(c) insurers and reinsurers;
(d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
(e) debt collection agencies;
(f) dispute resolution parties;
(g) parties that assist us to investigate, administer and adjudicate claims;
(h) financial institutions;
(i) credit reference agencies;
(j) industry associations; and
(k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

5. Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products, and related services, programmes and events, via telephone calls, text messages, faxes, mails, or emails.

☐ Yes ☐ No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to:
The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

6. Income's rewards programme

Please indicate if you wish to be a member of Income's rewards programme.

☐ Yes ☐ No

If you would like to receive updates on the rewards programme, please also select "Yes" under the marketing material option.
For more information on Income's rewards programme, please visit www.income.com.sg/rewards

Declaration and authorisation

I will tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to get any medical consultation, investigation or treatment between the date of this application and before the date you issue this policy. You may add special terms to the policy according to the information provided.

The answers in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf will form the basis of the contract of insurance between me and you. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that I understand and agree to the 'Personal data collection statement'.

I agree that your legal responsibility will only begin when you accept this application and I have paid the first premium. I agree and authorise:

a any medical source, insurance office or organisation to release to you; and

b you to release to any medical source or insurance office;
any relevant information to do with me or the insured whether you accept my application or not. A photocopy is valid as an original copy.

I understand that it is usually not a good idea to replace an existing investment product (for example, a unit trust) with a new investment product, whether from the same or a different financial institution.

I have been given the following documents and had them explained clearly to me.

a Your Guide to Life Insurance or Your Guide to Health Insurance (or both) b Product Summary c Benefit Illustration

I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.

I agree that the policy will be entered in the Register of the Singapore policies.

I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.

I also want to apply for membership of Income and if accepted, I agree to keep to your by-laws.

I agree that if I do not reveal any significant fact (which would have affected your decision to accept my application on standard terms) in this application, any policy issued may not be valid. This includes any fact I may not be sure is significant, and also any information I have given to the adviser but was not included in the application.

Signature of proposer, parent or legal guardian Signed in Singapore on (dd/mm/yyyy):	Signature of witness Signed in Singapore on (dd/mm/yyyy):
Signature of insured (For age 16 and above) Signed in Singapore on (dd/mm/yyyy):	Name and NRIC number of witness

Adviser's declaration

1 All the answers given to me by the proposer or insured are in the application. I have not withheld any information which may influence your decision to accept this application.

2 I am aware that you will treat very seriously and take action against me if I am aware of any information which is not correct or which has not been provided.

3 I have personally seen the proposer or insured and have explained the terms of the policy to the proposer.

4 I have seen the original identification documents and attach a photocopy. I confirm that the attached is a copy of the original.

Signature of adviser _____ Date _____

5 Is the application meant to replace an existing policy? If yes, please provide details.	☐ Yes ☐ No