

NTUC Income Insurance Co-operative Limited

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an NTUC Social Enterprise

IncomeShield policy alteration form

Statement under section 25(5) of 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.

Instructions on how to fill in this form.

- 1. Section A, B and C: Please fill in all the details.
- 2. Section B: Give details of the people (dependants, including policyholder) that you want to apply the changes to.
- 3. Section C: You may ask for more than one change.
- 4. If you have more than one policy and the change you want to make is not the same for all policies, please fill in a separate form for each policy.

Important notes

- 1. This form does not apply to changing your adviser.
- 2. To change the payer or payment method, please fill in the 'Payment alteration form'.
- 3. You must fill in and send us the signed form at least 30 days before renewal. If we do not receive the form on time, the change may not be reflected in the renewal.

the renewal. 4. For any changes, we will i	ssue an endorsement letter.					
Section A: Policyholder's details (You must fill this in.)						
Name (as shown in NRIC or FI			NRIC or FIN number	Date of birth (dd/mm/yyyy)		
Contact number (Handphone)	(Office)	(Home)	Email			
Name of company			Occupation			
	ontact particulars. But if you do N			ords with us, we will update all your e indicate the policy number below.		
Section B: Details of people (including policyholder or dependants) affected by this change (You must fill this in.)						
Policy Number	Name of i	nsured	NRIC, FIN or BC number	Relationship to policyholder		
Sect	ion C: Changes to the pol	icies mentioned unde	r Section B (You must fill	this in.)		
Change of signature						
Previous		N	ew			
Change or correction of next-o	of-kin information					
		Contact number	er: (Handph	one)(Office)		
Termination (Please tick.)				1.00		
Main Plan (Note: If your main plan ends, any	Plus or Assist rider	☐ Daily Cash r	ider Lichil	Child Illness rider		
		s) will end. However, if you	wish to terminate the cover(s)	upon its renewal date, please tick		
Terminate the above select	ted cover(s) from renewal date.	This request must reach us	within 30 days from renewal da	te.		
(Note: if this option is selected, we will terminate the respective cover from renewal date even if renewal premiums had been deducted/paid.)						

Section D: 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;
- (I) 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;
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption; and
- (p) provide services and respond to inquiries by employer on the application or policy. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

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;
- (k) regulators, law enforcement and government agencies; and
- (I) employer. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

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.

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

Section F: Declaration and authorisation

Agreement

I want to change the above policy according to my requests as shown in Section C of this form. I have read and agreed to the important notes and declaration.

I declare that the information stated by me in this form is true, correct and complete.

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

I understand and agree that:

- a. the above request has to be approved by you; and
- b. if the above request is approved, you will tell me in writing when the change will take place and the endorsement for the change is sent to me.

Signature of policyholder		Date (dd/mm/yyyy)				
Name and signature of Insured (s) (16 years old and above must sign)						
Insured (1)	Insured (2)	Insured (3)	Insured (4)			