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

For official use
Scan to CS: Policy Revalidation

Application for reinstatement

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.

Important notes: We need the following identification documents to be submitted with this form.

For Singaporean or Singapore permanent resident
- Clear image of NRIC (front and back)

For foreigner staying, studying or working in Singapore
- Clear image of passport showing validity dates, passport number, photograph, nationality, date of birth and name;
- Singapore employment pass, S pass, work permit, student pass or dependent's pass (front and back); and
- Clear image of a document (issued within the last 6 months e.g. utility bill, phone bill) that shows your name and address.

The passport, passes or permits must be valid for at least 6 months.

Details of policyholder or assignee

Name (as shown in NRIC)	NRIC number or FIN	Policy number
Name of company or school	Height (metres)	Weight (kilograms)
Occupation and position	Exact nature of work	Yearly income (S$)

Details of insured (if different from policyholder)

If you need to add another insured, please use another form and send it together with this.

Name (as shown in NRIC)	NRIC number or FIN	Height (metres)	Weight (kilograms)
Name of company or school	Occupation and position	Exact nature of work	

Information of existing policies

	Policyholder	Insured
1 Do you have any existing policies or proposals pending approval? If you answered yes, please give details below.	☐ Yes ☐ No	☐ Yes ☐ No

Policyholder

Name of insurer	Year issued or pending	Sum assured			Accident and hospitalisation	Others
		Death	Critical illness	Total and permanent disability		

Insured (to fill below if insured is different from policyholder)

Name of insurer	Year issued or pending	Sum assured			Accident and hospitalisation	Others
		Death	Critical illness	Total and permanent disability		

Details on previous and concurrent applications and claims

	Policyholder	Insured
1 Has any application for a life or critical illness or disability, or accident or hospital insurance policy ever been refused, postponed or accepted at special rates with Income or any other insurer?	☐ Yes ☐ No	☐ Yes ☐ No
2 Are you making or have you made any claims, including hospitalisation claims on any policy with Income or any other insurer?	☐ Yes ☐ No	☐ Yes ☐ No

If you answered yes to questions 1 to 2 above, please give details below.
Policyholder

Question number	Details

Insured (to fill below if insured is different from policyholder)

Question number	Details

Lifestyle

	Policyholder	Insured
1 Have you smoked cigarettes in the past 12 months? Policyholder Number of years smoked _____ Number of cigarettes per day _____ Insured Number of years smoked _____ Number of cigarettes per day _____	☐ Yes ☐ No	☐ Yes ☐ No
2 Have you been taking any drugs which can become addictive or have you been treated for drug or alcohol addiction?	☐ Yes ☐ No	☐ Yes ☐ No

Questions on health

It is important that you tell us everything you know about your health. If you do not, we can end your policy or reject your claim in the future.	Policyholder	Insured
1 a Have you had or are you having any discomfort, pain, symptoms that you do not normally experience, disorders, injuries, lumps or growths, disability, illnesses etc or medical test results and readings that require you or your doctor to monitor or follow up regularly?	☐ Yes ☐ No	☐ Yes ☐ No
b Are you currently taking, or have you been advised to take, any medication?	☐ Yes ☐ No	☐ Yes ☐ No
2 In the past five years, have you had any health screening or undergone tests such as X-ray, ultrasound, mammogram, CT scan, MRI, biopsy, pap smear, electrocardiogram (ECG), blood or urine 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	☐ Yes ☐ No
3 a Have you ever been hospitalised, undergone any surgery, been advised to go for or are you going for any surgery?	☐ Yes ☐ No	☐ Yes ☐ No
b Have you been advised to, or are you planning to, see a doctor or on follow up with a doctor?	☐ Yes ☐ No	☐ Yes ☐ No
c Have you been advised to or are you planning to go for tests such as X-ray, ultrasound, mammogram, CT scan, MRI and any other tests not mentioned here?	☐ Yes ☐ No	☐ Yes ☐ No
Health questions for females only (age 10 and above)		
4 a Are you now pregnant? If yes, how many weeks? _____	☐ Yes ☐ No	☐ Yes ☐ No
b Have you had or received any treatment for or plan to be treated for any disease or disorder of the breast including breast lump, breast cyst, fibroadenoma of the breast, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ of the breast, cancer or growth of the breast? You should tell us even if the doctors told you they are benign.	☐ Yes ☐ No	☐ Yes ☐ No
c Have you had or received any treatment for or plan to be treated for irregular, painful or unusually heavy menstruation, any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, uterine fibroids, abnormal enlargement of the abdomen, carcinoma in situ or cancer?	☐ Yes ☐ No	☐ Yes ☐ No
Health questions for juvenile only (age 15 and below)		
5 a Was the child born before 37 completed weeks of pregnancy?	☐ Yes ☐ No	☐ Yes ☐ No
b Any special care needed after birth?	☐ Yes ☐ No	☐ Yes ☐ No
c Has the child had any physical, congenital or developmental defects or shown any sign of slow physical or mental development?	☐ Yes ☐ No	☐ Yes ☐ No

Questions on health (continued)

d Has the child ever had, been told to have, been treated for, been told to get treatment for or suffered symptoms of jaundice?	☐ Yes ☐ No	☐ Yes ☐ No
e Has the child ever had, been told to have, been treated for, been told to get treatment for or suffered symptoms of any condition affecting the sight, hearing or speech?	☐ Yes ☐ No	☐ Yes ☐ No

If you answered yes to any of the questions above, please give details 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 for 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.

Please state whether it is for the policyholder or insured.

Mandatory declarations

1 Tax residency declaration

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.

2 Address verification

If your address in our existing record is different from the address in your identity document (e.g. NRIC), please select Box A or B and complete the blanks. To check your address, please log on to me@income (available at www.income.com.sg).

Box A ☐

I am maintaining a different address for correspondence purposes. The reason why I require a different address for correspondence is because

_____ (*specify reason*).

The owner of the correspondence address is _____ (*specify name*).

My relationship with this owner is that of a _____ (*specify relationship to owner of the correspondence address*).

Box B ☐

The address in my identity document is not updated yet. The address with you is the updated one.

If you have selected Box B, please give documentary proof of the address as per our existing record, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Mandatory declarations (continued)

3 Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which includes 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.

i 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.

ii Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section i 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.

iii 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.

iv 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

Declaration and authorisation

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

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 the date you issue the legal document to reinstate the policy.

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 reinstatement of the policy.

I understand and agree that the reinstatement:

a depends on you accepting my application and I will pay any costs involved in providing the medical evidence you need;
b if accepted, may have terms, conditions and exclusions attached to it; and
c is successful only when you accept and approve my request in writing and I have paid the premiums and interest in full.

For the purposes of policy administration including processing this reinstatement, and deciding whether you insure or continue to insure me for my insurance applications or policies,

Declaration and authorisation (continued)

1 I 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.

2 I am authorised to disclose information (including personal health information) about my spouse and/or dependants if they are insured under the insurance applications or policies.

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 legal document to carry out the reinstatement that is 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 this application.

Signature of policyholder or assignee[1]	Signature of insured (for age 16 and above)
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

[1] For policies that are assigned, the assignee needs to fill in and sign this form.