

Review of Special Terms (IncomeShield)

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.

Section A: Details of policyholder

Name (as shown in NRIC or FIN)	NRIC or FIN number	Policy number
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Section B: Details of insured

Name (as shown in BC, NRIC or FIN)	BC or NRIC or FIN number	Height (metres)	Weight (kilograms)
Company name and address		Occupation	

Section C: Lifestyle

1. Does the insured smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', number of cigarettes: _____ sticks per day for _____ years
2. Does the insured drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', amount consumed per week: _____ can of 330ml beer _____ glass of 125ml wine _____ shot of 30ml spirit (for example, whiskey, gin or brandy)

Section D: Questions on health (Please use extra paper if you need to.)

Important: If any of your answers to questions 1 to 6 is 'Yes', please provide the details we need by filling in the **medical history questionnaire**. Please fill in one medical history questionnaire for each declared condition. If the declared condition is **high blood pressure, raised blood cholesterol or injury**, please fill in the relevant specific illness questionnaire instead.

1. Has the insured ever had, been told to have or been treated for any discomfort, pain, symptoms that the insured does not normally experience, disorders, injuries, lumps or growths, disability, illnesses, or medical conditions that are recurrent or that have continued for more than one month or developmental impairment or congenital or hereditary disorder (for example, speech impairment, learning disability or has special learning needs, autism or attention deficit hyperactivity disorder)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the last five years, has the insured ever: (i) been admitted to hospital; (ii) had surgery or procedure or been advised to undergo surgery or procedure; (iii) been on medication for more than one month continuously or been on medical follow-up or received advice or referral for medical treatment or follow-up or to consult a medical specialist; or (iv) had or received advice or referral to have a medical test or screening done (for example, x-ray, ultrasound, ECG, CT scan, biopsy, mammogram, pap smear, sleep test, urine or blood test)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there any plan for the insured to see a doctor or be on follow-up with the doctor or to have surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any claim been made in respect to the insured, including hospitalisation claims on any policy with Income or any other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please answer this question if the insured is a Singapore Citizen or Permanent Resident. Does the insured have any serious pre-existing medical conditions that require them to pay an Additional Premium of 30% on their MediShield Life policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please answer this question if the insured is aged 5 years or below at next birthday. (a) Was the insured born before 37 completed weeks of pregnancy or had been diagnosed of any congenital disorder, genetic disorder or birth defects? (b) Has the insured presented any symptoms and medical conditions or exhibited unusual developmental behaviours that require review, investigation or observation by a medical professional (for example, general practitioner, specialist or therapist) or care-giver (for example, parent, helper or teacher)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'Yes' to any of the Questions on health 1 to 6, please provide the below details:

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

Section E: 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:

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

- your financial advisers;
- medical professionals and institutions;
- insurers and reinsurers;
- 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;
- debt collection agencies;
- dispute resolution parties;
- parties that assist us to investigate, administer and adjudicate claims;
- financial institutions;
- credit reference agencies;
- industry associations;
- regulators, law enforcement and government agencies; and
- 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

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

I will tell you immediately if there is any change in the state of my health or the insured's health or if I or the insured plan to get any medical consultation, investigation or treatment between the date of this application and the effective date of your review decision.

I declare that 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 I have made or which have been made on my behalf will form the basis of the review of the policy.

I understand and agree that the review:

- (a) depends on you accepting my application and I will pay any costs involved in providing the medical evidence you need; and
- (b) is successful only when you accept and approve my request in writing.

I, agree and authorise:

- (a) any doctor, insurer, or organisation to release to you, and
 - (b) you to release to any doctor, insurer or organisation,
- any relevant information to do with me and the life to be insured, whether:
- (i) this application is accepted or refused, or
 - (ii) for the purpose of this application or any other purpose in respect of the policy to be issued.

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 that is issued for this review 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.

WARNING: You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the insured or if the insured is planning to have any medical consultation, investigation or treatment before the effective date of the review decision. If you fail to reveal any material information in this application, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this form. You may not alter any of the wording in this form. Any attempt to do so will be of no effect.

Signature of policyholder	Signature of insured (16 years old and above must sign)
Signed in Singapore on: _____ (dd/mm/yyyy)	Signed in Singapore on: _____ (dd/mm/yyyy)