

Supplementary application form

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
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Details of proposer and insured

Name of proposer (as shown in NRIC or FIN)	Name of insured (as shown in NRIC or FIN)	Proposal number(s)
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Details of changes or amendment

Please indicate question number on the application form and provide details of changes (if applicable).

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 my 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 supplementary 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 my application, this supplementary 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 agree that this supplementary application form and the application shall be read, interpreted and construed as one document and this supplementary application form shall form part of my application.

I agree that except as declared under this supplementary application form, all the other terms and conditions under the application shall continue to apply and have full force and effect. In the event of a conflict between the information given under the application and this supplementary application form, the information given under this supplementary application form shall prevail.

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 my application or this supplementary application form, any policy issued may not be valid. This includes any fact whose significance I am unsure of, and also any information I have given to the adviser but was not included in my application or this supplementary application form.

Signature of proposer, parent or legal guardian	Signature of insured (For age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):