

HEALTH DECLARATION FORM

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Singapore Life Ltd. ("Singlife") and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

SECTION A: APPLICANT DETAILS

Contract No.

Assured/Life Assured

Gender/Smoker Status

Occupation

Residency/Nationality

Sum Assured/Benefit

Age Next Birthday

Term

HEALTH QUESTIONS

ASSURED/LIFE ASSURED

1. Do you have any physical defects, impairments, deformities, behavioural / developmental disorders or conditions affecting mobility, sight, hearing or cognitive functions?

If Yes, please provide details.

☐ Yes

☐ No

1. Have you ever sustained any injury as a result of an accident over the past five years?

If Yes, please provide details.

☐ Yes

☐ No

DECLARATION

IMPORTANT NOTES: IF A MATERIAL FACT IS NOT DISCLOSED IN THIS APPLICATION, ANY POLICY ISSUED AND ANY POLICY WHICH YOU HAVE WITH SINGLIFE TO WHICH THE MATERIAL FACT APPLIES MAY NOT BE VALID. IF YOU ARE IN DOUBT AS TO WHETHER A FACT IS MATERIAL, YOU ARE ADVISED TO DISCLOSE IT. THIS INCLUDES ANY INFORMATION THAT YOU MAY HAVE PROVIDED TO THE FINANCIAL ADVISER REPRESENTATIVE BUT WAS NOT INCLUDED IN THE APPLICATION. PLEASE CHECK TO ENSURE YOU ARE FULLY SATISFIED WITH THE INFORMATION DECLARED IN THIS APPLICATION.

Signed and declared in SINGAPORE on (DD/MM/YY)

 / /

Signature of Life Assured

Signature of Proposer
(Assured)/Joint Life AssuredSignature of Financial Adviser
Representative

Name: _____

Name: _____

Name: _____

Identity Card/Passport No.: _____

Identity Card/Passport No.: _____

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