

TM PROTECT MOSBITE PROPOSAL FORM



TOKIOMARINE
INSURANCE GROUP

FOR OFFICE USE ONLY	
Receipt No. :	_____
Payment Received Date :	_____

FOR ADVISER USE ONLY	
Adviser's Code :	_____
Full Name of Adviser :	_____
Contact No. of Adviser :	_____
Unit / FA Firm / Bank :	_____

PROPOSALS SIGNED IN SINGAPORE

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (2020 REVISED EDITION) (OR ANY SUBSEQUENT AMENDMENTS THEREOF), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

DETAILS OF PLAN APPLIED FOR		
Plan Name	Plan Type / Sum Assured	Premium Amount Inclusive of 9% GST (\$)
TM Protect MosBite		

PLEASE COMPLETE FULLY IN BLOCK LETTERS AND INK.

Tick boxes (✓) as appropriate and delete at (*) accordingly. Any amendments would require the signature of the Proposer.

PERSONAL PARTICULARS OF PROPOSER ¹		
Full name as shown on NRIC / Passport (<i>Please underline surname or last name</i>): * Mr / Mrs / Mdm / Miss / Dr		
NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Country of Residence:
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____	Mailing Address: Postal Code: _____	
For existing policyholder (with Tokio Marine Life Insurance Singapore Ltd.): Do you wish to update the following with the above information for all your other policy(ies)? Address(es): <input type="checkbox"/> Yes <input type="checkbox"/> No NRIC / Passport No.: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Numbers (<i>please provide at least 1 contact number</i>): Home : _____ Mobile ² : _____ Office : _____	Email Address ² : _____	

¹ Proposer must be age next birthday 19 and above.

² Mobile No. and Email Address are mandatory.



PERSONAL PARTICULARS OF LIFE ASSURED (IF DIFFERENT FROM PROPOSER)

Relationship to Proposer:

Child (below age next birthday 19) Spouse Parent Grandparent Others, please specify: _____

Full name as shown on NRIC / Passport (*Please underline surname or last name*):

* Mr / Mrs / Mdm / Miss / Dr

NRIC / Passport No.:

Date of Birth (dd/mm/yyyy):

Marital Status:

Single Widowed
 Married Divorced

Gender:

Male Female

Race:

Country of Residence:

Nationality:

Singaporean Singapore PR
 Others, please specify: _____

DETAILS OF PAYMENT

PREMIUM PAYMENT METHOD

Initial Premium Payment Method:

Internet Banking / PayNow / AXS Cheque¹
 Cashier's Order Credit Card

Subsequent Premium Payment Method:

Internet Banking / PayNow / AXS Cheque¹ GIRO²

¹ Cheque should be made payable to TMLS, with your name and NRIC / Passport No. indicated on the reverse side of the cheque.

² Application Form for InterBank GIRO must be submitted when this option is selected.

ELECTRONIC RECEIPT OF POLICY DOCUMENT

You will receive your policy document electronically.

We will inform you (the Proposer) via email notification when your policy document is ready for viewing online via our TMLS Policyholder Portal. This is not applicable for corporate-owned policy.

CLIENT'S DECLARATION

CONFIRMATION OF RECEIPT OF COMPULSORY DOCUMENTS

I/We have been given a copy each of:

- (1) Your Guide to Health Insurance; and
- (2) Product Summary

and the contents of these documents have been explained to my/our satisfaction.

For application through Direct Marketing:

I am aware that I can seek advice from a qualified adviser before I sign this application/proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

DECLARATION

I/We declare that

- (a) to the best of my/our knowledge and belief the information given by me/us to Tokio Marine Life Insurance Singapore Ltd. ("**the Company**") is true and complete and that no material facts or statements made in this relevant proposal, together with other documents or amendments have been withheld, which is likely to influence the assessment and acceptance of this proposal;
- (b) I/We am/are not an undischarged bankrupt and I/we have committed no act of bankruptcy within the last 12 months; and
- (c) no statutory demand nor bankruptcy petition has been served on me/us.

I/We agree

- (d) that payment of premium before acceptance of this proposal by the Company does not commit the Company to issue the policy I/we have applied for and the said policy shall not take effect unless and until this proposal has been fully accepted and the full premium has been paid during my/our life/lives and good health;
- (e) that should I/we decide to cancel the Policy issued in respect of this proposal within 14 days after the receipt of the Policy document, the amount to be refunded to me/us shall be all premiums paid less all expenses incurred in underwriting this Policy;
- (f) that should I/we decide to cancel the Policy issued or withdraw from the Policy, premiums paid through Credit Card Authorisation, refund of premium (if any) will be made to the credit card;
- (g) to inform the Company if there is any change in the state of my/our health, occupation or activity between the date of this application and the issue date of my/our Policy. On receiving this information, the Company is entitled to accept or reject my/our application; and
- (h) this proposal and any statements made in other documents or amendments together with this relevant proposal shall form the basis of the contract between me/us and the Company.
- (i) that the Company may send communications in relation to this policy (including policy documents) to my/our email address(es) as provided above.

I/We authorise

- (j) any medical source, insurance office, or organisation to release to the Company; and
- (k) the Company to release to any medical source, insurance office, or organisation, any relevant information concerning me/us, at any time irrespective of whether the proposal is incepted by the Company. A Photocopy of this authorisation shall have the same effect as the original.

CLIENT'S DECLARATION *(continued)*

DECLARATION *(continued)*

I/We understand and agree that

- (l) the Company shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or our parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of our parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, the European Union, United Kingdom or United States of America;
- (m) where the Company becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (n) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (l), the Company shall be entitled to block and/or terminate the Policy/relevant Policy at any time including but not limited to, making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final;
- (n) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

This application is governed by and construed in accordance to the laws of Singapore.

This policy is underwritten by Tokio Marine Life Insurance Singapore Ltd. and will be entered into the register of Singapore policies, except for Brunei policies.

RESIDENCY DECLARATION

I/We declare/acknowledge that

- (a) as a permanent resident of Singapore/work pass holder, I have resided in Singapore for more than a total of 183 days in the 12 months preceding the date of this application;
- (b) as a dependant/student/long term pass holder, I have a pass or permit that has a duration longer than 90 days and have resided in Singapore for more than 90 consecutive days during the 12 months preceding the date of this application; and
- (c) the coverage of this plan is limited to Singapore only, hence I must be residing in Singapore to be covered under this plan.

PERSONAL DATA AND MARKETING MATERIALS

I/We agree and consent that the Company may collect, use, process and disclose the personal data, which includes but is not limited to my/our name and contact details, as provided by me/us to the Company through this form, any documents provided by me/us to the Company from time to time and other sources (including other insurers, financial and medical institutions) as the Company deems appropriate and relevant for the purposes of:

- (a) providing advice or recommendation for insurance products offered by the Company;
- (b) processing, considering and underwriting my/our insurance application(s) with the Company. It includes on-going due diligence and screening activities (including background checks, anti-money laundering, "know-your-client", creditworthiness, financial and medical conditions, and reviewing whether to continue insuring me/us or the Life Assured) in accordance with applicable legal and regulatory obligations or the Company's policies;
- (c) administering, servicing (including pre- and post-sales support), managing and maintaining my/our relationship and policy(ies) with the Company (including the mailing of correspondences to me/us involving the disclosure of my/our personal data printed on the external envelopes);
- (d) carrying out the operations and transactions under my/our policy(ies) including debt recovery, making and obtaining payments;
- (e) processing, investigating and settling the claim under my/our policy(ies) issued by the Company or other insurers;
- (f) tracing, contacting, notifying, and/or otherwise liaising with and verifying the identity of the claimant(s) and/or beneficiary(ies), as the case may be, under my/our policy(ies) in the event of any unclaimed proceeds due under such policy(ies) and to administer, process and settle the payment of such proceeds in accordance with my/our policy(ies);
- (g) carrying out my/our instructions or responding to my/our enquiries;
- (h) detecting, preventing or investigating fraud, misconduct, unlawful activity or omission relating to this form, claim or policy(ies) issued by the Company or other insurers, and whether there is any suspicion of the aforementioned;
- (i) storing, hosting, backing up (whether for disaster recover or otherwise) of the personal data whether within or outside Singapore;
- (j) complying with applicable legal and regulatory obligations in managing my/our relationship and policy(ies) with the Company, including the regulatory and industry association reporting obligations;
- (k) carrying out research, survey and statistical analysis;
- (l) reinsuring arrangement and management;
- (m) quality assurance and training program;
- (n) informing or engaging me/us for the Company's charity events; and
- (o) sending me/us the marketing, advertising and promotional information about the insurance products, financial or investment products or any other products or services that the Company or any of the Group Companies (defined hereunder) in Singapore is or may be selling or marketing which may be of interest or benefit to me/us, including the update of the same ("**Marketing Materials**") via the following modes of communications, using the contact information provided by me/us from time to time:

Please tick if you wish to **opt-out**: post e-mail

Please tick if you wish to **opt-in**: phone call / voice calls text messages

(collectively, the "**Purposes**").

I/We agree and consent that the Company may disclose the personal data to the third parties (whether sited in or outside Singapore) in carrying out one or more of the Purposes and such third parties may use and process the personal data for one or more of the Purposes. The third parties may include but are not limited to:

- (a) my/our financial advisers, agents, brokers, banks or the Company's distribution intermediaries;
- (b) the Company's head office, regional office, subsidiaries, branches, related corporations and/or any other companies within the group of companies of which the Company forms a part or any company affiliated with the Tokio Marine Insurance Group (collectively, "**Group Companies**");
- (c) auditors, lawyers, service providers or agents who supply services to the Company such as information technology service, data entry and storage, mail distribution, claim assessment and administration, payment, cheque printing, marketing, research, emergency assistance service, medical and professional service;
- (d) reinsurers, other insurers, financial institutions, credit reference agencies and debt collection agencies; and
- (e) governmental/regulatory authorities, industry association, courts, dispute resolution forum (of which have jurisdiction over the Company or its Group Companies) or legal process participants and their advisers.

I/We acknowledge, declare and agree that:

- (a) the personal data may be withdrawn at any time by giving reasonable notice to the Company;
- (b) if I/We have withdrawn consent for the Company to collect, use, process and disclose the personal data in relation to my/our insurance policy(ies), it may affect the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. In such a case, I/we may be required to surrender or terminate all my/our policies with the Company upon the withdrawal of such consent and I/we agree to bear all losses resulting from the same;
- (c) the withdrawal of consent for sending me/us Marketing Materials will not impact the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. I/We will give reasonable notice to the Company if I/we wish to withdraw consent for Marketing Materials or change the communication mode to receive them;

CLIENT'S DECLARATION *(continued)*

PERSONAL DATA AND MARKETING MATERIALS *(continued)*

- (d) the Company may collect, use, disclose and/or process the personal data without my/our consent if permitted under any applicable law;
- (e) I/we have read, understood and agreed to observe the clauses contained in this form and the Company's Data Protection Policy available at www.tokiomarine.com; and
- (f) my/our consent provided to the Company in this form shall be applicable to the policy that I/we am/are applying for in this form, and also all other existing policies that the Company is liable for.

If you have an existing policy with one insurer and wish to replace it with a policy from another insurer, you should consider whether this would be detrimental to you as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.

If a material fact is not disclosed in this proposal, any policy issued 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 your adviser but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

NOTE: A DULY-SIGNED PROPOSAL FORM MUST BE SUBMITTED TO THE COMPANY WITHIN 14 DAYS FROM PROPOSAL DATE.

Signed in Singapore (dd/mm/yyyy) _____

Signature of Proposer

Witnessed by:

Signature of Adviser

Signature of Life Assured¹ *(if different from Proposer)*

Name of Adviser: _____

¹ Only Life Assured age next birthday 19 and above must sign.



Proposal No.:

Attention to: New Business Department

CREDIT CARD AUTHORISATION FORM

Name of Proposer

NRIC / Passport No. of Proposer

Name of Cardholder as shown on credit card

Relationship to Proposer

Full name of Cardholder as shown on NRIC / Passport
(Please underline surname or last name)

NRIC / Passport No. of Cardholder

VISA / MasterCard Credit Card Number

 - - -

Credit Card Expiry Date

 -
M M Y Y Y Y

IMPORTANT NOTES

- a) Only VISA / MasterCard credit card is acceptable.
- b) Credit card facility is only applicable for Regular Premium Plans.
- c) Only the required premium amount (including any applicable premium loading) to incept the policy will be charged to the credit card and such charge will take place after the Company has accepted the above-mentioned proposal.
- d) For premiums paid through this authorisation, refund of premium (if any) will be made to the credit card.
- e) For premiums paid in foreign currency, TMLS shall not be liable or responsible for any fluctuations in exchange rate.
- f) A separate Credit Card Authorisation Form is required for each proposal submitted.
- g) Interim cover is conditional upon and subject to the terms and conditions set out in the Conditional Interim Cover Certificate ("CICC") (see overleaf).

PERSONAL DATA NOTICE

I/We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose my/our personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at www.tokiomarine.com, which I/we have read, understood and agreed to the same.

I have read the "Important Notes" set out above and agree to be bound by it.

I authorise the Company to charge the required initial premium amount (including any applicable premium loading) from my credit card to effect the policy.

SUBSEQUENT PREMIUMS

Please tick below if you also wish to charge subsequent premiums from your credit card.

I authorise the Company to charge the required subsequent premiums (including any applicable premium loading and a **Credit Card Charge of 1.6%** of the premium amount for each subsequent premium) from my credit card to continue the policy.

Signature of Cardholder
(as shown on the credit card)

Date (dd-mm-yyyy)



Credit Card Authorization Form



CONDITIONAL INTERIM COVER CERTIFICATE ("CICC")

The terms and conditions of this CICC apply only where the premium is paid or to be paid by credit card, cheque or through available electronic payment modes.

"**Basic Sum Assured**" refers to the sum assured for the basic benefit applied for, as shown in the Proposal Form, but excludes any riders or supplementary benefits.

"**Injury**" means bodily injury effected directly and independently of all other causes through external, violent and accidental means of which, except in the case of drowning or of internal injury revealed by autopsy, there is evidence of visible contusion or wound on the exterior of the body.

Tokio Marine Life Insurance Singapore Ltd ("**We**") will pay the Basic Sum Assured if the Life to be Assured dies from an injury subject to the terms, conditions and limitations stated below :

- (a) The cover under this CICC (the "**Interim Cover**") commences from the date and time of which we have processed this proposal (the "**Commencement Date**") and ends on the earliest of the following:
- (i) immediately upon the issue of our letter informing you of our decision including whether to accept (conditionally or unconditionally), decline, defer or withdraw the proposal;
 - (ii) at the end of ninety (90) days from the Commencement Date; or
 - (iii) at the end of the period for which the premium paid can cover, based on a pro-rata basis and at standard premium rate. (The period of cover will be as computed by us.)
- (b) This CICC does not cover:-
- (i) death arising from self-inflicted injury, sane or insane;
 - (ii) death occurring while the Life to be Assured was under the influence of any alcohol, narcotic or drug;
 - (iii) death arising from air-borne activity other than travelling as a:
 - (A) pilot; or
 - (B) member of the flight crew; or
 - (C) fare-paying passengeron an aircraft licensed for passenger service and operated by a regular airline on a scheduled routine;
 - (iv) death arising from war, invasion, act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion or terrorism (For the purposes of this exclusion, terrorism shall be defined as an act of violence or an act dangerous to human life with the intention or effect of influencing any government or of putting the public or any section of the public in fear);
 - (v) death arising while the Life to be Assured was taking part in racing of any type; and
 - (vi) death arising from murder or assault.
- (c) The maximum sum assured under this CICC and all other conditional interim covered issued by us will not exceed SGD500,000/- sum assured.
- (d) If the premium is to be paid by credit card, it shall be a condition precedent to the Interim Cover that the most recent credit card information (which includes but is not limited to credit card number, credit card expiry date, name of cardholder and cardholder's signature) provided by you and received by us, whether in the Proposal Form, a Credit Card Authorisation Form or otherwise, must at all times during the period from the Commencement Date to the end date of the Interim Cover:
- (i) be (and remain) valid; and
 - (ii) possess a credit limit that is sufficient for the successful deduction of the premium(s) payable under the Proposal Form (if accepted by the Company).
- (e) If the premium is paid by cheque or through other available electronic payment modes (which includes but is not limited to PayNow, AXS, interbank fund transfer), the effective date of CICC is:
- (i) date of receipt of payment in our bank account for payment via electronic payment modes; or
 - (ii) date of receipt of your cheque subject to the cheque being honoured by your bank.
- (f) On a claim arising from a regular premium policy, we will take away from the claim any future instalment premiums which are necessary to make up the full year's *premium, if the amount paid is less than one full year's premium.
- * We will use standard premium rates to compute the premium payable.