

# PERSONAL ACCIDENT SAFE APPLICATION FORM

Intermediary Code:

## Important Notice:

1. Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

## Proposer's Information

Name:

Gender: M/F

Address:

NRIC/Passport No.:

Nationality:

Contact Details:

(HP)

(H)

(O)

Marital Status:

Email:

## Particulars of Person(s) to be Insured

Details of spouse, child(ren) and parent(s) are required only if they are included in this cover under Family Plan

Relation	Name	NRIC/ Passport No.	Birth Date	Sex	Occupation	Class I/II/III
Self						
Spouse						
Child 1						
Child 2						
Child 3						
Paternal Parent 1						
Paternal Parent 2						
Maternal Parent 1						
Maternal Parent 2						

## Details on Occupation/Hobby/Insurance History

- |   |        |
|---|--------|
| 1. Do you supervise or perform manual work?   | Yes/No |
| 2. Is there anything hazardous about your occupation or hobby?  | Yes/No |
| 3. Do you suffer from any disease, physical defect, infirmity or illness?   | Yes/No |
| 4. Have you any other personal accident insurance?  | Yes/No |
| 5. Have you ever made a claim against any insurer in respect of any bodily injury?  | Yes/No |
| 6. Has your application for life or accident insurance been declined or has any policy been cancelled or renewal refused or subject to special terms? | Yes/No |
- If answer is yes, please provide details:

## Period of Insurance

From \_\_\_\_\_ to \_\_\_\_\_

## Choice of Plan/Coverage (please tick)

- |                                     |                                   |                                    |                                  |
|-------------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Titanium   | <input type="checkbox"/> Platinum | <input type="checkbox"/> Executive | <input type="checkbox"/> Economy |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family   |                                    |                                  |

*15% discount granted on the family plan premium, if (i) no child, (ii) no spouse is included*

## Declaration

I declare that I/person(s) to be insured is/are in good health and free from any physical impairment and residing in Singapore. I will give notice to China Taiping Insurance (Singapore) Pte. Ltd. of any change in health, occupation, activities or country of residence of such person(s). I further declare that I am not an undischarged bankrupt.

I understand and agree that benefits under this policy will only be payable upon an accident occurring. I am aware that I can seek advice from a qualified advisor to ensure that this product is appropriate for my financial needs and insurance objectives before I sign this application.

I hereby declare that the statements made in this application are true and complete which shall be the basis of contract between me and China Taiping Insurance (Singapore) Pte. Ltd.

- Please charge S\$\_\_\_\_\_ (including GST) to my   (circle as appropriate)\*

Card No.  -  -  -

Expiry Date  -

\*NB: Policy will be issued upon receipt of approval from the respective credit card company

- I enclose a cheque for S\$\_\_\_\_\_ (including GST) payable to China Taiping Insurance (Singapore) Pte. Ltd.

Bank/Cheque No.: \_\_\_\_\_

- I enclose S\$\_\_\_\_\_ Cash Payment.

\_\_\_\_\_  
Signature of Applicant  
on behalf of person(s) to be insured

\_\_\_\_\_  
Date

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## PERSONAL DATA COLLECTION STATEMENT

China Taiping Insurance (Singapore) Pte Ltd (“CTIS”) 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 CTIS 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

You may not alter any of the wordings in this “Personal data collection statement”. Any attempt to do so will be of no effect.

1. To process, administer and/or manage your relationship, account and policy with CTIS, CTIS will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this Personal Data Collection Statement and any other personal information provided by you or possessed by CTIS and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by CTIS for the purpose (s) of:
  - (a) considering whether to provide you with the insurance you applied for;
  - (b) processing your application for underwriting and insurance;
  - (c) administering and/or managing your relationship, account and/or policy with CTIS;
  - (d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
  - (e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by CTIS;
  - (f) carrying out your instructions or responding to any enquiries by you;
  - (g) dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
  - (h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
  - (i) complying with applicable law in administering and managing your relationship with CTIS.

(Collectively the “Purpose”)

3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by CTIS to its third party service providers or agents (including its lawyers/law firms) which may be sited outside of Singapore, or one or more of the above Purposes, as such third party service providers or agents, if engaged by CTIS would be processing your personal data for CTIS for one or more the above Purposes.
5. by signing below, you:
  - (a) consent to CTIS collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
  - (b) consent to CTIS collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more the Purposes as described above;
  - (c) consent to CTIS disclosing your personal data to its third party service providers, or agents (including its lawyers/law firm), for the Purposes as described above;
  - (d) consent to CTIS transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above.

I have read and agree to the above.

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Name:

NRIC No:

Date: