

**PANDA SAFE APPLICATION FORM**

 Agent Code: 
**IMPORTANT**

- Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Application Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder (the "Policy") may be void.
- Please note that this Insurance is subject to the premium being paid and received in full by China Taiping Insurance (Singapore) Pte. Ltd. (hereinafter referred to as "CTPIS" or "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.
- The liability of CTPIS does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.
- Your Personal Data Is Important To Us. This is an application for an insurance product provided by CTPIS. We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at [www.sg.cntaiping.com/en/privacypolicy](http://www.sg.cntaiping.com/en/privacypolicy).
- 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 CTPIS 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)).

**1 Details of the Applicant**

|  |  |  |  |
|--|--|--|--|
| Name   |  |  |  |
|  |  |  | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Ms <input type="radio"/> Dr |
| NRIC/FIN (Please attach a copy of your Identity Document)  |  | Marital Status   |  |
|  |  | <input type="radio"/> Single <input type="radio"/> Married |  |
| Gender   |  |  |  |
| <input type="radio"/> Male <input type="radio"/> Female  |  |  |  |
| Nationality  |  |  |  |
| <input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others, please specify: ..... |  |  |  |
| Occupation   |  |  |  |
|  |  |  |  |
| Address  |  |  |  |
|  |  |  |  |
| Country:   |  | Postal Code:   |  |
|  |  |  |  |
| Contact Details  |  |  |  |
| Mobile No. (Mandatory):  |  | Residential No.:   |  |
|  |  | Email Address (Mandatory):                                 |  |
|  |  |  |  |

**2 Details of the Insured Person(s)**

|  |  |   |  |
|--|--|---|--|
| Child's Name   |  |   |  |
|  |  |   |  |
| NRIC/Birth Certificate number                                      |  | Gender  |  |
|  |  | <input type="radio"/> Male <input type="radio"/> Female |  |
| Date of Birth  |  |   |  |
| <input type="text"/> / <input type="text"/> / <input type="text"/> |  |   |  |

**3 Choice of Plan (Please tick)**

- SUN S\$95.04  
  MOON S\$138.24  
  STAR S\$170.64
- Premium includes GST.*

**4 Period of Insurance**

|      |  |    |  |
|------|--|----|--|
| From | <input type="text"/> / <input type="text"/> / <input type="text"/> | To | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|------|--|----|--|

## 5 Declaration

1. Does your child suffer from any Disease, Physical Defect, Infirmary or Illness?  Yes  No
2. Does your child have any other Personal Accident Insurance?  Yes  No
3. Have you ever made a claim on your child's Personal Accident against any insurer in respect of any bodily injury?  Yes  No
4. Does your child engage in any sports and/or work of Hazardous Nature?  Yes  No
5. Has your child application for Life or Accident insurance been declined or has any policy been cancelled or renewal refused or subject to special terms?  Yes  No
6. If the answer from Q1 to Q5 is Yes, please provide details:

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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 written notice to CTPIS without any delay in the event 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 Form are true and complete and I understand that I must not misrepresent or misdescribe any information which may affect CTPIS's decision to accept my application otherwise, the Policy may be void. This application, if accepted, together with the terms and conditions in the Policy shall form the basis of contract between me and CTPIS.

## 6 Mode of Payment (Please tick)

I enclosed a cheque of S\$ ..... payable to "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."

Bank / Cheque No.: .....

Please charged S\$ .....



NAME OF CARD HOLDER .....

-  -  -

EXPIRY DATE:   /      
Month Year

I enclosed cash payment of S\$ .....

**1. Consent to Privacy Policy**

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at [www.sg.cntaiping.com/en/privacypolicy](http://www.sg.cntaiping.com/en/privacypolicy), as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

**2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT**

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Email       Mail       SMS and other phone-based messages       Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: <https://bit.ly/marketingconsent>.
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

Signature of Insured Person or his/her Authorised Representative

Date

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