STUDY SAFE PROPOSAL FORM

Agent / Broker:	Agent / Broker Code:

IMPORTANT

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 (the "Policy") 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.
4. Your Personal Data Is Important To Us. This is an application for an insurance product provided by China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS" or "Company"). 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.
5. 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 or www.lia.org.sg or www.sdic.org.sg).

1 Personal Particulars of the Proposer

Name

	◯ Mr ◯ Ms ◯ Mdm

Address

Country:	Postal Code:

Contact Numbers

Home No.:	Office No.:
Mobile No. (Mandatory):	Email Address (Mandatory):

NRIC / FIN (Please attach a copy of your Identity Document)	Gender	Marital Status
	◯ Male ◯ Female	◯ Single ◯ Married ◯ Widowed ◯ Divorced

2 Personal Particulars of Person(s) To Be Insured

Relationship	Name	NRIC / FIN	Date of Birth	Occupation	Gender	Weight (kg)	Height (m)

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3 Lifestyle & Health Questionnaire of Person(s) to be Insured

1. Have you and/or the insured person(s) been smoking in the past 12 months? If yes, please provide details: ◯ Yes ◯ No

   No. of years smoking: .... No. of cigarettes per day: ....

2. Do you and the person(s) to be Insured consumed beer, wine or other alcohol? If yes, please provide details: ◯ Yes ◯ No

   Beer .... can (330ml) Wine .... glasses (100ml)

   Spirits .... tots (30ml) per week

3. Have you and/or the insured person(s) ever taken any form of drugs regularly or been treated for drug addiction? If yes, please provide details: ◯ Yes ◯ No

   ....

4. Do you and/or insured person(s) engage in any sports and/or work of hazardous nature? If yes, please provide details: ◯ Yes ◯ No

   ....

5. Have you had any health screening in the past 2 years? ◯ Yes ◯ No
6. Have you ever had any operation/surgical procedures previously or currently waiting to be performed? ◯ Yes ◯ No
7. Have you received any medical advice or treatment for sexually transmitted disease (eg. Gonorrhea, syphilis, genital warts/herpes, non-specific urethritis), HIV infection or AIDS? ◯ Yes ◯ No
8. Have you ever made any claim against any insurer in relation to H&S in the past 2 years? If yes, please provide details: ◯ Yes ◯ No

   ....

9. Has your application for life insurance and/or H&S insurance been declined, or has any policy been cancelled or refused renewal by the insurer? If yes, please provide details: ◯ Yes ◯ No

   ....

10. Are you currently undergoing any medical treatment/been treated/been diagnosed/of any of the following:-
    - a) ears, throat, eyes or other physical disability or condition affecting hearing, speech, sight, otitis media, ear discharge, tonsils, cataracts, glaucoma, detached retina, ear infection? ◯ Yes ◯ No
    - b) Digestive system, liver, gallbladder, stomach, pancreas, intestines, hepatitis, cirrhosis, stones, hernia gastritis, ulcer, gastric/intestinal polyp, piles/haemorrhoids, fistula, chronic diarrhoea, irritable bowel disease, rectal bleeding? ◯ Yes ◯ No
    - c) Respiratory system, chest or breathing discomfort, lung conditions, asthma, bronchitis, pneumonia, persistent cough, tuberculosis, pneumothorax, nasal bleeding, nasal polyps, sinusitis? ◯ Yes ◯ No
    - d) Heart attack, angina, chest pain, rheumatic fever, murmur, heart valve disorder, irregular or fast heart rate, coronary artery disease, high blood pressure, high cholesterol or any disease or disorder of the heart or the blood vessels? ◯ Yes ◯ No
    - e) Diabetes, thyroid gland, pituitary gland or any disease or disorder of the endocrine system? ◯ Yes ◯ No
    - f) Brain, mental or nervous system disorder, fits, epilepsy, paralysis, stroke, weakness of limb, numbness, poliomyelitis, migraine prolonged headache, loss of balance, dizziness, fainting spells, anxiety or depression? ◯ Yes ◯ No
    - g) Albumin, protein, blood, sugar or pus in urine, kidney stones, urinary tract infection, prostate problem, incontinence or any disease or disorder of the kidney, bladder or genitourinary system? ◯ Yes ◯ No
    - h) Gout, arthritis, slipped disc, persistent back/neck pain, osteoporosis, systemic lupus erythematosus (SLE) or any disease or disorder of the spine, bones, limbs, joints, muscles or connective tissues? ◯ Yes ◯ No
    - i) Cancer, tumour, cyst or growth of any kind? ◯ Yes ◯ No
    - j) Anaemia, thalassaemia, haemophilia or any disease or disorder of the blood? ◯ Yes ◯ No
    - k) Physical defects/deformities, congenital anomalies, premature birth? ◯ Yes ◯ No
    - l) Skin problem, drug allergy or any other illness, disorder, physical disability or injury not listed above? ◯ Yes ◯ No
    - m) Any other illness not listed above, please give details on separate sheets. ◯ Yes ◯ No
11. During the past five years, have you consulted a physician for a general examination or for any reasons not previously noted on this application? ◯ Yes ◯ No
12. Have any of your natural parents or any siblings died or suffered from cancer, heart disease, kidney disease, stroke, diabetes, high blood pressure, mental disorder, tuberculosis or any contagious disease or any hereditary disease or disorder? If yes, please provide detail below:- ◯ Yes ◯ No

Relationship	Age at onset	Current Age / Age at Death	Diagnosis

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3 Lifestyle & Health Questionnaire of Person(s) to be Insured (continued)

Applicable for Females only.

13. Have you ever suffered from or been treated for any disease or disorder of the breast or female organs (uterus, ovary, fallopian tube, cervix, etc) including abnormal pap smear and irregular menses? ◯ Yes ◯ No
14. Are you now pregnant? ◯ Yes ◯ No

    Estimated delivery date: D D / M M / Y Y Y Y
15. Any complication(s) relating to this/previous pregnancies? If yes, please specify: ◯ Yes ◯ No

    ◯ *Gestational Diabetes ◯ Eclampia ◯ Hypertension ◯ Others (please state):

    ....

If you answer "YES" to questions 5 to 11, 13 to 15, please provide details:-

Name of Person	Date of Diagnosis	Type of Treatment	Date & result of last treatment	Name & Address of Doctor

4 Details of Cover

From	To
D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

5 Choice of Plan/Coverage (please tick)

◯ Plan A ◯ Plan B

6 Declaration

I declare that I / person(s) to be insured am / 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 / person(s) to be insured am / are not an undischarged bankrupt.

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..

7 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$ .... MasterCard VISA

NAME OF CARD HOLDER ____

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

EXPIRY DATE: M M / Y Y Y Y

Month Year

◯ I enclosed cash payment of S$ ....

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8 Product Summary

Product Information

We will pay the benefits described below for the charges which are made to an Insured Person in connection with his/her Hospitalisation or Surgery, which results directly from an Illness or Injury of the Insured Person while he/she is insured under this coverage, and subject to the terms, conditions, limitations, exclusions, and provisions of this Policy. All benefits specified are applicable without geographical limitation for 24 hours a day:

Plan Type	Plan A	Plan B
Annual Limit (Applicable to All Benefits)	**80,000**	**45,000**
1. Room & Board (Daily, up to 120 days inclusive of ICU)	1-Bedded	4-Bedded
2. Intensive Care Unit	As charged up to 20,000 per Disability	As charged up to 10,000 per Disability
3. Hospital Miscellaneous Services		
4. Inpatient Physiotherapy		
5. Surgeon's Fee (Subject to Schedule of Surgical Benefits except for SGRH*)		
6. In-Hospital Physician's Visit (Daily, up to 120 days)		
7. Pre-Hospitalisation Specialist Consultation (Leads to Hospitalization within 90 days)		
8. Pre-Hospitalisation Diagnostic Services (Leads to Hospitalization within 90 days)		
9. Post Hospitalisation Treatment (Within 90 days immediately after discharge)		
10. Emergency Accidental Outpatient Treatment (including Dental)		
11. Outpatient Cancer Treatment and Kidney Dialysis (Maximum Limit Per policy year)	20,000	15,000
12. Major Organ Transplant	As charged	As charged
13. Miscarriage Benefits	2,500	1,000
14. Surgical Implants (Per Disability)	2,500	1,000
15. Daily Recovery Benefits Per day (After 7 days of hospitalisation, up to 20 days)	200	100
16. Special Grant	5,000	5,000

* SGRH refers to Singapore Government/Restructured Hospitals.

Plan Type	Plan A	Plan B
Age Band	**Annual Premium per Insured Person (S$)**	
15 and below	547	333
16 – 25	709	425
26 – 30	724	440
31 – 35	870	530
36 – 40	901	548
41 – 45	1,012	616
46 – 50	1,133	690
51 – 55	1,579	961

*Premiums are inclusive of GST.

9 Key Product Provisions

The following are some key provisions found in our policy contract. This is only a brief summary and You are advised to refer to the actual terms and conditions stated in the policy contract. Please consult Us should You require further explanation.

1. Eligibility

Persons eligible for cover under this Policy are:

a. A student and citizen of the People's Republic of China holding a Student Pass issued by the Government of Singapore;

b. The legal parent(s) holding an valid Pass issued by the Government of Singapore and whose child has already been insured under this Policy

who are aged up to 55 years and residing in Singapore.

2. Policy Renewal

This Policy is renewable at Our option, subject to underwriting requirements being fulfilled and at the premium rates determined at that time by Us. Where at renewal a request is made to hold cover, the maximum period that cover can be held will be fourteen (14) days. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, You must pay Us a premium for the number of days the cover was held which will be calculated pro-rata on the renewal premium.

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3. Changes In Circumstances

You shall give Us immediate written notice of any changes in the Country of Residence, Occupation, pursuits or health of any Insured Person, which is likely to result in an material increase in hazard to Us and shall pay any additional premiums that may be required by Us. Failure to do so shall entitle us, in the event of a claim, to repudiate such a claim or at Our discretion, adjust the benefits payable.

4. Change of Terms and Conditions

We reserve the right to amend the terms and provisions of this Policy at the end of each Policy Period by giving You thirty (30) days' written notice of such change. Notice is considered to have been given when such written notice is sent by ordinary mail to Your last known correspondence address in Our records. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No broker or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

The terms and provision of this Policy may also be amended at any time as may be agreed between You and Us, subject to such amendment being evidence by an Endorsement.

5. Cancellation of Cover

We may cancel this Policy at any time by giving 7 days' notice in writing delivered to You or mailed to Your last known correspondence address in Our records and You shall be entitled to the return of a pro-rata premium corresponding to the unexpired period of insurance subject to a minimum premium of S$53.50 (inclusive of GST). You may also cancel this Policy by giving 7 days' written notice to Us and if no claims have been made during the current period of insurance, We will grant You a short period refund of premium based on the table below.

Period of Cover	Short Period Premium Refundable
2 months and below	60%
4 months and below	40%
6 months and below	20%
More than 6 months	0%

6. Claims Procedures

Written notice of claim must be provided to Us within thirty (30) days after the occurrence of any event which may give rise to a claim under this Policy, or as soon as is reasonably possible.

All claims shall be made on Our prescribed form and submitted to Us together with all original documentation, itemised bills, receipts and prescriptions. All information required for assessing the claim shall be furnished at the Insured Person's own expense.

We shall have the right and the opportunity through Our Physicians to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. We will bear the expenses incurred in such examinations, unless the claim is proven to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You.

If the Insured Person fails to cooperate with Us in Our administration of the claim, We may at Our discretion, terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable.

7. Other Insurances and Third Party Liability

If at the time of claim the Insured Person shall hold other medical insurance which makes provision for payment of medical expenses, You shall advise Us of the details of such other insurance and We shall be liable only for the balance of the amount recoverable from such other insurance.

In the event of any claim or right of action against any third party arising from a claim paid under this Policy, You must notify Us in writing immediately of all developments and take all steps that We may reasonably require to include all benefits claimed for under this Policy in any claims against the third party with the objective of recovering the claim paid.

8. Exclusions

There are certain conditions whereby no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this Policy. You are advised to read the policy contract for the full list of exclusions.

a. Pre-existing conditions which existed before the effective date, whether known or unknown to the Insured.
b. Any illness or sickness which commences within the first thirty (30) days from the effective date of the Insured Person.
c. Any eyes examination or procedure for correction of eye refraction.
d. Emotional, stress, psychiatric or psychological disorders.
e. Alcoholism or drug addiction.

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10 Personal Data Collection Statement

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, 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 Proposal 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

Version accurate as of 1 January 2023.

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