

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/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 or www.lia.org.sg or www.sdic.org.sg).

1 Details of the Applicant

 Name (MR / MRS / MDM / MS / DR)

 NRIC/FIN (Please attach a copy of your Identity Document)

Marital Status

Gender

 Single

 Married

 Male

 Female

Nationality

 Singaporean

 Singapore PR

 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

Date of Birth

 Male

 Female

 / /
3 Choice of Plan (Please tick)
 SUN S\$94.16

 MOON S\$136.96

 STAR S\$169.06

Premium includes GST.

4 Period of Insurance

 From
 / /

 To
 / /

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:

.....
.....
.....
.....
.....
.....

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\$

7 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/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 authorized 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 organizations, 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. Marketing Consent (please tick the relevant boxes to indicate consent)

I / We hereby consent to CTPIS (including Representatives of China Taiping), China Taiping group of companies and their service providers to contact me / us (even though my / our telephone number(s) are already registered or may be registered on the National Do Not Call Registry), by way of:

Voice Mail

Mail / Email / Any other avenues of marketing activities

SMS

I / We am / are aware that the consent provided by me / us in this Application Form is an addition to and does not supersede, vary or qualify any consent which I / we may have provided previously in respect of the above purposes, unless my / our consent is withdrawn through the withdrawal form.

Signature of Insured Person or his/her Authorised Representative

Date

This page is intentionally left blank