

**UNIHOME SAFE PROPOSAL FORM**

Policy No.		Agent/Broker:	Agent/Broker Code:

**IMPORTANT**

- Statement Pursuant to Section 25(5) of the Insurance Act, Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- 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](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 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)).

**1 Details of Proposer**

Name			
			<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mdm
Joint Names (where applicable)		Given Name	
Nationality		NRIC / FIN / Passport No. / Company Reg. No.	
<input type="radio"/> Singaporean <input type="radio"/> Others, please specify: .....			
Marital Status		Gender	
<input type="radio"/> Single <input type="radio"/> Married		<input type="radio"/> Male <input type="radio"/> Female	
Date of Birth		Occupation	
<input type="text"/> / <input type="text"/> / <input type="text"/>			
Address			
Country:		Postal Code:	
Contact Details			
Home No.:		Office No.:	
Mobile No. (Mandatory):		Email Address (Mandatory):	

**2 Details of Home Building**

Risk Location (if insured property address is different from above)	
Country:	Postal Code:
Name of Mortgagee (if applicable)	
Type of Building	
<input type="radio"/> HDB <input type="radio"/> Condominium <input type="radio"/> Semi-detached <input type="radio"/> Executive <input type="radio"/> Maisonette <input type="radio"/> Bungalow <input type="radio"/> Apartment	
Home to be insured is for: <input type="radio"/> Self-occupation <input type="radio"/> Rental	

### 3 Summary of Insurance Coverage

#### Period of Insurance



From    /   /     To    /   /

Coverage of Plan:  Bliss  Cosy  Harmony  Joyous  
 1 year contract  3 years contract  5 years contract

#### Top-Up Sum Insured (Additional premiums required. Please contact CTPIS.)

1. Building ..... 2. Renovation, Fixtures & Fittings .....  
3. Household Contents .....

### 4 Mode of Payment (Please tick)

- Cash / NETS - payment at 3 Anson Road #16-00 Springleaf Tower, S079909  
 Cheque - Payable to "China Taiping Insurance (Singapore) Pte. Ltd."  
 Credit Card    Debit Card

Name of Card Holder \_\_\_\_\_

-     -     -

Expiry Date:   /       
Month Year

Amount \_\_\_\_\_

I authorise China Taiping Insurance (Singapore) Pte. Ltd. to debit my card for the above amount.

Signature of card holder / date \_\_\_\_\_

### 5 Payment Before Cover Warranty

- Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- In the event that the total premium due is not paid and actually received in full by the Company on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

### 6 Declaration

I / We declare that the insured property

- is constructed of brick, stone or concrete
- is not used for trade purpose and
- is occupied by me / us and under my / our control
- has no loss, damage, injury or liability claim in the last 3 years

I / We agree to accept the Company's Policy subject to the provisions and conditions of the Policy. I / We hereby declare that the above mentioned property is and will be kept in good condition. I / We hereby warrant that all the answers given in this proposal are true and correct, that this proposal and Declaration shall form part of the contract between the Company and myself. Otherwise, I / we understand that the Policy issued may be rendered void.

The information provided above is true and factual. I / We understand that all facts may be material to the underwriter accepting this risk must be declared.

Proposer's Signature

Date

## 7 Personal Data Collection Statement

### A. 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 CTPIS 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.

### B. 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 Call       Mail       Email / Any other avenues of marketing activities       SMS

for marketing purposes and provide me / us with marketing, advertising and promotional information, materials and / or documents relating to products and services marketed by China Taiping or its related companies.

I / We am / are aware that the consent provided by me in this 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.

Proposer's Signature

Date

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