

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

UNIHOME SAFE PROPOSAL FORM										
Policy No.									Agent/Broker:	Agent/Broker Code:

IMPORTANT

- 1. 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.
- 2. 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
- 3. 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 or www.lia.org.sg or www.sdic.org.sg).

Details of Proposer							
Name							
					⊖ Mr ⊖ Ms	() Mdm	
Joint Names (where applicable)		Gi	Given Name				
Nationality				NRIC / FIN / Passport	No. / Company F	Reg. No.	
○ Singaporean ○ Others, please	specify:						
Marital Status		Ge	ender		Age		
◯ Single ◯ Married	Single O Married						
Date of Birth		Oc	ccupation				
D D I M M I Y Y							
Address							
Country:		Pc	ostal Code:				
Contact Details							
Home No.:		Of	Office No.:				
Mobile No. (Mandatory):		Er	Email Address (Mandatory):				
			X	.,			
Details of Home Building							
Risk Location (if insured property address is different	ent from above)						
Country:		Po	Postal Code:				
Name of Mortgagee (if applicable)							
Type of Building							
O HDB O Condominium O Ser	mi-detached) Executive	() Maisonet	te 🔿 Bungalow	O Apartment		
Home to be insured is for: O Sel	lf-occupation	Rental					
						Page 1 of	

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

@6222 1033

3	Summary of Insurance Coverage											
	Period of Insurance											
	From D D I M I Y Y Y To D D I M I Y Y Y											
	Coverage of Plan: O Bliss O Cosy O Harmony O 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)											
	O Cash / NETS - payment at 3 Anson Road #16-00 Springleaf Tower, S079909											
	O Cheque - Payable to "China Taiping Insurance (Singapore) Pte. Ltd."											
	Credit Card MasterCard VISA O Debit Card											
	Name of Card Holder											
	Expiry Date: M M / Y Y Y											
	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											
	1. 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.											
	2. 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											
	 (a) is constructed of brick, stone or concrete (b) is not used for trade purpose and 											
	 (c) is occupied by me / us and under my / our control (d) 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 are correct, that this proposal and Declaration shall form part of the contract between the Company and myself. Otherwise, I / we understant 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 remust be declared. 											
	Proposer's Signature Date											

Page 2 of 4

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 CTPIS 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 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

○ SMS and other phone-based messages

O 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;

Mail

(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.

Proposer's Signature	Date

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www.sg.cntaiping.com

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