

## UOI Accident Protection Insurance - Application Form

Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

Plan Selection	Plan	Annual Premium (inclusive of 9% GST)
	Plan 1	S\$141.70
	Plan 2	S\$327.00

Applicant's Particulars	
Name (as in NRIC)	
Address	
Home Number:	Office Number:
Mobile Number:	Email:
NRIC Number:	Nationality:
Date Of Birth:	Marital Status:
Occupation:	

### Questionnaires

- |   |                    |                      |
|---|--------------------|----------------------|
| <p>1. Are your occupational duties:</p> <p>(a) Administrative</p> <p>(b) Supervisory</p> <p>(c) Manual</p>  | <p>Please Tick</p> | <p>Yes</p> <p>No</p> |
| <p>2. Is any machinery other than hand tools used in relation to your usual work?</p>   |                    |                      |
| <p>3. Do you engage in any activities or hobbies normally regarded as dangerous?</p>  |                    |                      |
| <p>4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five years?</p>  |                    |                      |
| <p>5. Has any insurer in connection with Accident, Sickness or Life insurance ever</p> <p>(a) deferred or declined a proposal, refused renewal or terminated an insurance</p> <p>(b) required an increased premium or imposed special conditions?</p> |                    |                      |

6. Do you have any Accident, Medical or Life insurance with us or any other insurance company(ies)?

If any of the above answers from 2 to 6 is "YES", please provide details below:

---

---

UOI Accident Protection Insurance - Application Form

Name of Applicant: \_\_\_\_\_

Declaration

I hereby declare that the statements and particulars are complete and correct and that no facts have been suppressed or mis-stated. I agree that this proposal shall form the basis of the contract between me and the Company.

I am aware that I can seek advice from a qualified advisor before I sign this application form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

I acknowledge and agree that UOI may collect, use, disclose, transfer my personal data for the Purposes stated in UOI's Privacy Notice which can be found at [www.uoi.com.sg](http://www.uoi.com.sg).



I further acknowledge by providing personal data relating to a third party (e.g. Information of my dependent, spouse, children and/or parents), I represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the personal data for the Purposes stated in UOI's Privacy Notice.

UOI may disclose my personal data to its third-party service providers or agents (including lawyers/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third-party service providers or agents, if engaged by UOI, would be processing my personal data for UOI for one or more of the above Purposes. This may include disclosure to industry association.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Mode of payment - Please tick where applicable:	
Corporate PayNow/ UOB Internet Banking UOI UEN: 197100152RU01  <i>Please quote the Policy Number in the reference column and indicate the date of payment.</i>	
Bank Transfer <i>Please quote the Policy Number in the reference column and indicate the date of payment.</i>	
Account name	United Overseas Insurance Limited - SIF A/C
Account number	117-300-467-8
Bank name	United Overseas Bank Limited
Bank Code	7375
Branch Code	017

  
UNITED OVERSEAS INSURANCE LTD  
  
**SCAN TO PAY**