

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)
<input type="checkbox"/>	Plan 1	S\$141.70
<input type="checkbox"/>	Plan 2	S\$327.00

Applicant's Particulars	
Name (as in NRIC)	
Address	
Home Tel. No.	Office Tel. No.
Mobile Tel. No.	Email
NRIC No.	Nationality
Date Of Birth	Marital Status
Occupation	

Questionnaires

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

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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.

I further acknowledge by providing personal data relating to a third party (eg. 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:

Please charge S\$_____ (including 9% GST) to my AMEX/MasterCard/VISA Credit Card ^
(^Delete as appropriate)

Card No

Expiry Date

M

M

Y

Y

Verification Code

Name of Cardholder

☐ UOB Internet Banking**

☐ Corporate PayNow**
(PayNow ID: 197100152RU01)



UNITED OVERSEAS INSURANCE LTD



SCAN TO PAY

** Please quote our Policy Number as reference