

## IncomeShield reinstatement form

**WARNING:** Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.



**Important notes:**

Your advisor is not allowed to collect any cash from you. All references to ‘cash’ payment in this and subsequent forms/notices refer to payments to be made to us via our ePayment services. Please make payment using these ePayment services. We will be sending you an SMS acknowledgement or official receipt once we have processed your application. Please call our hotline at 6788 1777 or send an email to [csquery@income.com.sg](mailto:csquery@income.com.sg) if you did not receive any SMS acknowledgement or official receipt within five working days. For future payments we encourage you to pay via e-GIRO where you can log in to My Income customer portal ([me.income.com.sg](http://me.income.com.sg)) to apply with instant approval if your bank is a participating bank. You may refer to [income.com.sg/ppm](http://income.com.sg/ppm) for the full list of payment methods accepted by us.

### Section A: Details of applicant or policyholder

|                                       |                      |
|---------------------------------------|----------------------|
| Full name (as in NRIC/Long-Term Pass) | NRIC number/FIN      |
| Nationality                           | Country of Residence |

### Section B: Details of life to be insured

|  |                      |               |
|--|----------------------|---------------|
| Full name (as in NRIC/BC/Long-Term Pass) | NRIC/BC number/FIN   | Policy number |
| Nationality                              | Country of Residence |               |

### Section C: Health details

- 1 **From the date your policy lapsed, has there been any change in the life to be insured’s health condition (for example, staying or may be staying in hospital, consulting or may be consulting a doctor, receiving or may be receiving any medication, medical treatment, investigation or surgery)?**
- No  
 Yes (Please give details for example, dates, diagnosis, current health status, etc.)  
 Please provide a copy of your medical reports.       Enclosed       Not available

### Section D: Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited (“Income Insurance”), its representatives, agents, relevant third parties (referred to in Income Insurance’s Privacy Policy at [income.com.sg/privacy-policy](http://income.com.sg/privacy-policy)), Income Insurance’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Insurance Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income Insurance including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me/us with their respective products/services, and in the manner and for other purposes described in Income Insurance’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) to Income Insurance Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf, for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/We consent to the use and disclosure of my/our relevant policy(ies) information including the insured’s name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income Insurance’s Privacy Policy ([income.com.sg/privacy-policy](http://income.com.sg/privacy-policy)) for more information, including access and correction to personal data and consent withdrawal. I/We agree and understand that Income Insurance’s Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

### Section E: Declarations and authorisations

- 1 I/We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- 2 I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively “policy e-document”). I/We agree that Income Insurance can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.
- 3 I/We agree that Income Insurance will not be responsible to me/us (or any other person) if I/we fail to:
  - a provide Income Insurance my/our correct email address or mobile number;
  - b inform Income Insurance of any update or change to my/our email address or mobile number; or
  - c keep the password to access the policy e-documents confidential.
- 4 I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.
- 5 I/We understand and agree that the changes requested in this application:
  - a may require medical evidence and I/we will pay any costs involved in providing the medical evidence Income Insurance needs;
  - b are subject to Income Insurance’s underwriting and acceptance;
  - c if accepted, may be subject to terms, conditions and exclusions imposed by Income Insurance ; and
  - d will take effect only when Income Insurance accepts and approves my/our application and notifies me/us in writing of the cover start date and provided that I/we have paid the required premiums (and interest, if applicable) in full.
- 6 I/We declare that the answers given in this application are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. If it is discovered later that I/we or the Insured suffer from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income Insurance. I/We agree that this application and other written answers, statements, information or declarations I/we have made or which have been made on my/our behalf will form the basis of the contract of insurance between the policyholder and Income Insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
- 7 I/We confirm that there has been no change in the information provided about me/us since the completion of the application and all additional declarations made in connection with the application. I/We will notify Income Insurance immediately if there is any change in the information provided about me/us such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I/we plan to seek medical consultation, investigation, or treatment between the date of this application and the reinstatement date of this policy. I/We am/are aware that Income Insurance may add special terms to the policy or declare the policy as void according to the information provided or if I/we fail to notify Income Insurance of any change in my/our information.
- 8 If I/we am/are reinstating my/our policy, I/we agree that notwithstanding the terms and conditions under the policy;
  - i I/We must give Income Insurance all material information about the life to be insured from the lapse date of my/our policy, up till the reinstatement date that may influence Income Insurance's decision whether to reinstate or to impose any further terms under the policy;
  - ii If I/we fail to give Income Insurance this material information or misrepresent any such information, Income Insurance may:
    - a declare the policy as void from the start date of the reinstated policy;
    - b end the cover for the life to be insured and not pay any benefits; or
    - c add extra terms and conditions to the policy;
  - iii the terms and conditions of my/our reinstated policy may be different from the terms and conditions of my/our policy prior to the reinstatement.
- 9 I/We have confirmed that I/we am/are not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me/us.
- 10 I/We confirm that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the “Personal Data Use Statement” above.
- 11 For the purpose of this application, I/we authorise, consent and agree to:
  - a the medical source, insurance office, reinsurer, organisation to release to Income Insurance any medical or relevant information to do with me/us or the Insured whether Income Insurance accepts this application or not;
  - b Income Insurance and its relevant third parties stated in Income Insurance’s Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me/us or the Insured; and
  - c Income Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance to underwrite and evaluate me/us or the Insured’s health status or condition in relation to this application.
- 12 I/We agree that a copy of this authorisation is valid and binding as an original copy.
- 13 Where applicable, I/we further authorise, consent and agree to Income Insurance disclosing my/our personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my/our suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.
- 14 I/We am/are aware that I/we can ask for a copy of Your Guide to Life Insurance and/or Your Guide to Health Insurance from my/our advisor. Or I/we can download them from: [income.com.sg](http://income.com.sg).
- 15 I/We declare that I/we am/are authorised to disclose information (including personal health information) about the Insured to Income Insurance.
- 16 I/We agree that if I/we or any <sup>#</sup>Relevant Person is found to be a <sup>+</sup>Prohibited Person:
  - Income Insurance is entitled not to accept this application; and
  - if any policy is issued, Income Insurance is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income Insurance will not refund any unutilised premium when this policy is ended.

Income Insurance's decision in every respect of the above will be final. I/We will inform Income Insurance immediately if there is any change in my/our or any Relevant Person’s identity, status or identity documents.

<sup>#</sup> *Relevant Person* includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

<sup>+</sup> *Prohibited Person* means a person or entity who is, or who is <sup>^</sup>Related to a person or entity:



- subject to laws, Regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income Insurance from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

<sup>^</sup> *Related* includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

**Section E: Declarations and authorisations (continued)**

- 17 This application is governed by and interpreted according to the laws of the Republic of Singapore.
- 18 I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

**I/We agree that if I/we do not reveal any significant facts in the application (which would have affected Income Insurance’s decision to accept my/our application on standard terms), any policy issued may be invalid. This includes any facts I/we may not be sure is significant, and any information I/we have given to my/our advisor but was not included in the application.**

|   |   |
|---|---|
| Signature of applicant<br> | Signature of life to be insured (16 years old and above must sign)<br> |
| Signed on:<br>_____ (dd/mm/yyyy)  | Signed on:<br>_____ (dd/mm/yyyy)  |