

Enrolment Form - HospitalWise Plan

IMPORTANT NOTES

Pursuant to Section 25(5) of the Insurance Act (Cap142), you are to disclose in this Enrolment Form fully and faithfully, all the facts you know or ought to know, otherwise the Policy issued hereunder may be void.

Note: Please complete all sections where applicable. Kindly attach a separate piece of paper if space provided is insufficient. Insured adults (self/spouse) must be between 21-59 years to enrol. The Plan is renewable up to age 65 for the insured adults. Insured children must be aged between 1-17 years to enrol and be accompanied by at least one parent. Pre-existing medical condition is excluded. This insurance is effective only upon acceptance of duly completed Enrolment Form by Overseas Assurance Corporation Ltd. This policy is subject to the Premium Payment Warranty Clause which requires the premium to be paid and received on or before the inception date of the policy and endorsement.

Choice of Plan/Coverage

Name of Policy: **HospitalWise**

Insured: Self Spouse / Parent Child(ren) age 1-18 (extend to 25yrs)

OCBC Customer's Particulars

Name: _____ Gender: M / F _____ Date of Birth: _____
 NRIC/ Passport: _____ Nationality: _____ Marital Status: _____
 Address: _____
 _____ Postal Code: _____
 Occupation: _____ Industry: _____ Email: _____
 Contact No: (Home) _____ (Office) _____ (Mobile) _____

Spouse/Parent/Child(ren)'s Particulars

Name: _____ NRIC: _____ Nationality: _____
 Date of Birth: _____ Gender: M / F _____ Marital Status: _____
 Occupation: _____ Industry: _____ Relationship: _____

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 Occupation: _____ Industry: _____ Relationship: _____

Declaration & Payment Authorisation

Monthly Premium* (before GST): S\$ _____

Please charge my/our premium* to the following nominated card/bank account. (Please indicate your account/card no. and details)

OCBC Debit/Credit Card: - - -

Expiry Date: (mm) (yy)

OCBC Bank Account: - -

OCBC Easi Credit: - -

- I hereby authorise OCBC Bank to process Overseas Assurance Corporation Ltd's (the Billing Organisation, B.O.) instructions to debit my account
- You are entitled to reject Overseas Assurance Corporation Ltd's debit instructions if my account does not have sufficient fund and charge me a fee for this. You may also, at your discretion, allow the debit even if this results in an overdraft of the account and charges are imposed accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my address which was last known to you upon receipt of my written verification through Overseas Assurance Corporation Ltd.

Please answer all of the following questions:

1. Have you or the person(s) to be insured suffered from any physical impairment or prolonged and/or recurring illness?
2. Have you or the persons(s) to be insured undergone any surgical operation or been confined or treated in hospital/medical institution within the last 5 years, or is any treatment currently being performed or any operation/hospital confinement scheduled?

If your answer is "yes" to any question, please provide details of date/duration/place of hospitalisation, medical conditions, attending physician and attach your most recent medical report (if any).

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

Name of Cardholder: _____

NRIC / Fin No. of Cardholder: _____

Policy Application, Service and Administration

Where the policyholder(s) is/are an individual or individuals, by providing the information set out above, I/we agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteamlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Where the policyholder is not an individual, we hereby confirm and represent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that the insured individuals of the policy we are applying for ("Insured Individuals") have agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Individuals, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate our proposal and to provide the products or services which we are applying for. In respect of the Insured Individuals who are subsequently enrolled into the policy that we are applying for, we further undertake that we shall ensure and procure that each Insured Individual has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteamlife.com/sg/en/pncpolicies.htm> and which we confirm each of us and the Insured Members have read and understood.

Yes, I/we would also like to stay in touch with the Companies to get updates and rewards via (tick one or more)¹:

- Phone²;
 mail, email and other means of communication.

By ticking the box(es) above, I/we understand that:

- (a) Companies; and by the offere personal data for contacting me/us about products and servicesmy/our the Companies and their Representatives may collect, use and/or disclose
(b) my/our response here does not affect my/our other consents given to the my/our personal data their Representatives and their rights at law in respect of Companies and³.

¹ This consent is independent of this Proposal and the relevant policy.

² This option includes voice calls, text and fax via my/our Singapore telephone numbers provided in this form and my/our other Singapore telephone numbers in your records from time to time.

³ Leaving any of the boxes above blank will not be treated as a withdrawal of any other consent I/we may have previously provided to the Companies and their Representatives.

Policyholder's Signature / Thumbprint* & Date

Cardholder Signature & Date

*Premium is subject to prevailing GST and will increase as you enter into the next age band.

*For thumbprint verification, please proceed to your branch with your verification

For Official Use

Name of Policyowner: _____

Direct Debit Authorisation: Accepted / Rejected
(Please indicate reason for rejection)

Policy No: _____

Billing Organisation's Account No: 7339-529-025447-002

Campaign Code:

Agency Code: M1 / M2 / M6 Seller ID: _____

Name & Signature of Approving Officer