

PROPOSAL FORM

Underwritten by The Overseas Assurance Corporation Ltd (Reg.No.19200003W)
A wholly-owned subsidiary of Great Eastern Holdings Ltd, and a member of OCBC Group

IMPORTANT NOTE:

- Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) (or any subsequent amendment thereof), you are to disclose in this proposal form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, you may receive nothing from the policy.
- This plan 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 General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).
- Please complete all Sections where applicable. This Policy is subject to the Payment Before Cover Warranty Clause which requires the premium to be paid and received on or before the inception date of the policy and endorsement.

PARTICULARS OF PROPOSER

Name: _____ Gender: Male Female

NRIC/Passport No: _____ Nationality: _____ Marital Status: _____ Date of Birth: _____

Residential Address: _____ Postal Code: _____

Contact No: _____ (Home) _____ (Office) _____ (Mobile)

Email: _____ Occupation/Industry: _____

Choice of Plan/Monthly Premium: ClassicWise (S\$15.52) / PremierWise (S\$19.80)* Premium inclusive of GST

PARTICULARS OF SPOUSE

Name: _____ Gender: Male Female

Date of Birth: _____ NRIC/Passport No: _____

Nationality: _____ Occupation/Industry: _____

Choice of Plan/Monthly Premium: ClassicWise (S\$15.52) / PremierWise (S\$19.80)* Premium inclusive of GST

PARTICULARS OF CHILDREN

Name	NRIC./FIN/ BC No.	Date of birth (ddmmyyyy)	Gender	Plan	Child Rider (Optional)
				Monthly Premium	
Child 1			F / M#	ClassicWise: S\$6.69* PremierWise: S\$8.83	S\$4.82#
Child 2			F / M#	ClassicWise: S\$6.69* PremierWise: S\$8.83	S\$4.82#
Child 3			F / M#	ClassicWise: S\$6.69* PremierWise: S\$8.83	S\$4.82#

*Please tick where applicable *Please delete where inapplicable

Premium inclusive of GST

PAYMENT AUTHORISATION

PAYMENT METHOD (PLEASE TICK)

OCBC CREDIT CARD

Name of Cardholder: _____ Cardholder's NRIC/Passport No.: _____

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

OCBC Credit Card: --- Card Expiry Date: (mm) (yy) Premium: S\$ _____

- I hereby authorise OCBC Bank/my Issuing 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 make out a cheque payable to OAC Insurance for first 2 months premium and mail it to us together with the duly completed and signed **PROPOSAL FORM**. Kindly indicate your name, NRIC/Passport No. and contact no. on the reverse side of the cheque.

Cardholder' Signature & Date

IMPORTANT - PLEASE DO NOT ENCLOSE ANY CASH WHEN MAIL IN YOUR DULY COMPLETED PROPOSAL FORM

PROPOSAL FORM

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DECLARATION

1. I declare that I am aware that I can seek advice from a qualified adviser before I sign this proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.
2. I declare that the above information are full, complete and true and agree that they shall form part of my application which shall be the basis of the contract of insurance.
3. I declare that all insured persons proposed for insurance are in good health and are free from any form of mobility problems, physical disabilities, defect or infirmity.
4. I hereby agree that the benefits of this policy will not be payable if the losses in the policy occur as a result of pre-existing medical condition or disease declared/undeclared.
5. I understand that this Policy shall only be effective subject to the Payment Before Cover Warranty Clause which requires premium to be paid and received prior to inception of this policy and the acceptance and approval of this application by OAC Insurance.
6. I declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
7. I declare that no insurer in connection with Life, Personal Accident or Sickness Insurance has ever deferred, declined, refused, terminated an insurance or imposed special terms.
8. I am aware that the benefits of the policy will only be payable as a result of an accident.
9. I agree that if this proposal is faxed to the company, the faxed copy will be the proposal, else this proposal will serve as the proposal.

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 ("Representatives") 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 <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> 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 <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> 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) the Companies and their Representatives may collect, use and/or disclose my/our personal data for contacting me/us about products and services offered by the Companies; and
(b) my/our response here does not affect my/our other consents given to the Companies and their Representatives and their rights at law in respect of my/our personal data³.

Signature of Proposer / Date

For Official Use Only:

Agency code : _____

Seller's ID : _____

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Mailing Address: 1 Pickering Street #13-01 Great Eastern Centre Singapore 048659 Tel: 6248 2628 Fax: 6327 3080

DECEMBER/2015