

PROPOSAL FORM

Underwritten by Overseas Assurance Corporation Ltd (Reg. No. 192000003W)
A wholly-owned subsidiary of Great Eastern Holdings Ltd, and a member of OCBC Group

IMPORTANT NOTE:

- Pursuant to section 25(5) of the Insurance Act (Cap 142), you are to disclose in this form fully and faithfully, all the facts which you know or ought to know, 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).

PARTICULARS OF PROPOSER

Name: _____ Gender: M / F Date of Birth: _____

NRIC/Passport: _____ Nationality: _____ Marital Status: _____

Address: _____

Postal Code: _____

Occupation*: _____ Industry: _____

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

Email: _____

CHOICE OF PLAN/COVERAGE

Name of Policy: **PA Cashback Plus** Policy No: _____ (if applicable)

☐ Superior ☐ Deluxe

Insured: ☐ Self ☐ Spouse

Section	Benefits Table	Sum Insured	
		Superior	Deluxe
1.	Accidental Death Benefit	\$100,000	\$150,000
2.	Accidental Permanent Disability Benefit	\$100,000	\$150,000
3.	Daily Hospital Accident Cash (maximum 180 days from day 1)	\$100	\$150
Monthly Premium (inclusive of GST)		\$26.88	\$39.88

PARTICULARS OF SPOUSE (IF APPLICABLE)

Name: _____ Gender: M / F Date of Birth: _____

NRIC/Passport: _____ Nationality: _____ Marital Status: _____

Occupation*: _____ Industry: _____

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

Email: _____

*Exclusion: Any person who is despatch rider, driver, air crew, ship crew, diver or involved in underground work, off-shore work or operation, professional sports persons, police, fire-fighting, naval, military, airforce, security service or operations (does not apply to reservist training) and any hazardous occupations.

DECLARATION & PAYMENT AUTHORISATION

I declare that the person(s) to be insured is/are in good health and free of physical impairment.

Monthly Premium[#] (before GST): S\$ _____

Please change my/our premium[#] to the following nominated card/bank account. (Please indicate your account/card no. and details)

Name of Cardholder: _____

NRIC / Fin No. of Cardholder: _____

OCBC Debit/Credit Card: ---

Expiry date: (mm) (yy)

OCBC Bank Account: --

Branch: _____

First two months premium must be paid by Cheque/Credit Card. Giro is applicable from third month onwards. A duly completed and signed GIRO Form must be submitted with this Proposal Form.

- a) I hereby authorise OCBC Bank to process Overseas Assurance Corporation Ltd's (the Billing Organisation, B.O.) instructions to debit my account.
 b) 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.
 c) 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.

PA Cashback Plus is underwritten by Overseas Assurance Corporation Ltd, a wholly-owned subsidiary of Great Eastern Holdings Ltd and a member of the OCBC Group, and is not a deposit or obligation of, or guaranteed by OCBC Bank.

The above is for general information only. It is not a contract of insurance. It does not constitute an offer to buy an insurance product or service. It is also not intended to provide any insurance or financial advice. The specific terms and conditions applicable to PA CashBack are contained in the Policy Document that you will receive shortly after activation. A person interested in the insurance policies should read the product information (available from OCBC Bank) before deciding whether to buy this product. This policy is subject to the Payment Before Cover Warranty Clause which requires the payment to be paid and received on or before the inception date of the policy and endorsement.

Investors may wish to seek advice from a financial adviser before making a commitment to purchase an insurance policy. In the event that an investor chooses not to seek advice from a financial adviser, he should consider whether the policy in question is suitable for him. It is usually detrimental to replace an existing accident and health policy with a new one. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.

No representation or warranty whatsoever (including without limitation any representation or warranty as to accuracy, usefulness, adequacy, timeliness or completeness) in respect of any information (including without limitation any statement, figures, opinion, view or estimate) provided herein is given by OCBC Bank and it should not be relied upon as such. OCBC Bank does not undertake any obligation to update the information or to correct any inaccuracy that may become apparent at a later time. All information presented is subject to change without notice. OCBC Bank shall not be responsible or liable for any loss or damage whatsoever arising directly or indirectly howsoever in connection with or as a result of any person acting on any information provided herein.

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.greasternlife.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.greasternlife.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 services my/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 / Thumbprint[†] & Date _____

[#] Premium is subject to prevailing GST

[†] For thumbprint verification, please proceed to your branch with your identification

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

GENERAL INSURANCE - DM (PERSONAL LINES)

Postage will be
paid by
addressee. For
posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 00889



THE OVERSEAS ASSURANCE CORPORATION LTD
(a wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street #13-01
Great Eastern Centre
Singapore 048659