

PA Protect Proposal Form

Underwritten by Great Eastern General Insurance Limited (Reg. No. 1920 00003W)
 A wholly-owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group

IMPORTANT NOTES:

- 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 policy is subject to the Premium Before Cover Warranty Clause, which requires the premium to be paid and received on or before the inception date of 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 websites (www.gia.org.sg or www.sdic.org.sg).

PARTICULARS OF PROPOSER

Name: _____ ☐ Mr ☐ Mrs ☐ Miss ☐ Mdm ☐ Dr

NRIC / FIN No.: _____ Gender: ☐ M ☐ F

Nationality: _____ Marital Status: _____

Date of Birth (dd/mm/yy): _____ Occupation: _____

Mailing Address: _____

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

Email: _____

PARTICULAR(S) OF INSURED PERSON(S)

Name	Relationship	NRIC/FIN/BC No.	Date of Birth	Gender	Nationality	Occupation	Industry
	Main Insured			<input type="checkbox"/> M <input type="checkbox"/> F			
	Spouse			<input type="checkbox"/> M <input type="checkbox"/> F			
	Child 1			<input type="checkbox"/> M <input type="checkbox"/> F		Not applicable	
	Child 2			<input type="checkbox"/> M <input type="checkbox"/> F		Not applicable	
	Child 3			<input type="checkbox"/> M <input type="checkbox"/> F		Not applicable	

Effective Date (dd/mm/yy): _____

Choice of Plan	<input type="checkbox"/> ClassicWise Plan	<input type="checkbox"/> PremierWise Plan	<input type="checkbox"/> Child Rider (Optional)
	Monthly Premium with GST		
<input type="checkbox"/> Adult 1 - Main Insured	S\$15.52	S\$19.80	Not applicable
<input type="checkbox"/> Adult 2 - Spouse	S\$15.52	S\$19.80	Not applicable
<input type="checkbox"/> Child 1	S\$6.69	S\$8.83	<input type="checkbox"/> S\$4.82
<input type="checkbox"/> Child 2	S\$6.69	S\$8.83	<input type="checkbox"/> S\$4.82
<input type="checkbox"/> Child 3	S\$6.69	S\$8.83	<input type="checkbox"/> S\$4.82

PAYMENT MODE

Premium Payable (with GST): S\$_____

Please note: For OCBC Staff Purchase, please indicate the premium payable (with GST) after discount.

☐ By Credit Card (Visa/MasterCard only)

I/We hereby authorize Great Eastern General Insurance Limited to charge the above premium and **future renewal premiums where applicable** to the following card. Where a third party credit card is used, I/We declare that the cardholder has authorized and consented to its use.

Credit Card No.: - - - Expiry Date: (mm) (yy)

Name of Cardholder: _____ NRIC no.: _____ Signature: _____

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/undisclosed.
5. I declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
6. 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.
7. I am aware that the benefits of the policy will only be payable as a result of an accident.
8. 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 General Insurance Limited ("GEG"), 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 <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 General Insurance Limited ("GEG"), 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.

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.

Signature of Proposer / Date

To activate PA Protect, complete this Proposal Form and mail it to 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659 or fax it to +65 6327 3080.

PLEASE COMPLETE WHERE APPLICABLE:

OCBC Staff Purchase: Yes / No

Staff ID: _____

Campaign Code: _____

FOR OFFICIAL USE:

Salesperson Name: _____

GI Agent Code: _____