

AA LIFE PROTECTOR & AA LIFE PROTECTOR PLUS APPLICATION FORM



TOKIO MARINE
INSURANCE GROUP

FOR OFFICE USE ONLY

Receipt No.:

Name of Adviser (Adviser Code) : _____ (_____) Payment Received Date : _____

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT, CAP 142 (REVISED EDN 2000), 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.

PLEASE COMPLETE FULLY IN BLOCK LETTERS AND INK.

Tick boxes (✓) as appropriate and delete at (*) accordingly.
Any amendments would require the signature of the Main Assured.

PARTICULARS OF MAIN ASSURED

Full name as shown on NRIC (<i>Please underline surname or last name</i>): * Mr / Mrs / Mdm / Miss / Dr		NRIC No. / FIN:	
Date of Birth (dd/mm/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Residential Address: Postal Code: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Contact Numbers (<i>please provide at least 1 contact number</i>): Mobile: _____ Office: _____ Home: _____		Email Address:	

PARTICULARS OF LIVES ASSURED

Main Assured	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____		Height (cm):	Weight (kg):
	Occupation:		Name of Company (Optional):	
	Type of Plan: <input type="checkbox"/> AA Life Protector <input type="checkbox"/> AA Life Protector (with Hospital Cash Benefit) <input type="checkbox"/> AA Life Protector Plus <input type="checkbox"/> AA Life Protector Plus (with Hospital Cash Benefit)		Sum assured (\$):	
Spouse	Name (as shown in NRIC or BC):			
	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	NRIC No. / FIN:	Date of Birth (dd/mm/yyyy):	Height (cm):	Weight (kg):
	Occupation:		Name of Company (Optional):	
	Type of Plan: <input type="checkbox"/> AA Life Protector <input type="checkbox"/> AA Life Protector (with Hospital Cash Benefit) <input type="checkbox"/> AA Life Protector Plus <input type="checkbox"/> AA Life Protector Plus (with Hospital Cash Benefit)		Sum assured (\$):	

PARTICULARS OF LIVES ASSURED *(continued)*

Child 1	Name (as shown in NRIC or BC):			
	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	NRIC / BC No. / FIN:	Date of Birth (dd/mm/yyyy):	Height (cm):	Weight (kg):
	Type of Plan: <input type="checkbox"/> AA Life Protector <input type="checkbox"/> AA Life Protector (with Hospital Cash Benefit) <input type="checkbox"/> AA Life Protector Plus <input type="checkbox"/> AA Life Protector Plus (with Hospital Cash Benefit)		Sum assured (\$):	
Child 2	Name (as shown in NRIC or BC):			
	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	NRIC / BC No. / FIN:	Date of Birth (dd/mm/yyyy):	Height (cm):	Weight (kg):
	Type of Plan: <input type="checkbox"/> AA Life Protector <input type="checkbox"/> AA Life Protector (with Hospital Cash Benefit) <input type="checkbox"/> AA Life Protector Plus <input type="checkbox"/> AA Life Protector Plus (with Hospital Cash Benefit)		Sum assured (\$):	
Child 3	Name (as shown in NRIC or BC):			
	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	NRIC / BC No. / FIN:	Date of Birth (dd/mm/yyyy):	Height (cm):	Weight (kg):
	Type of Plan: <input type="checkbox"/> AA Life Protector <input type="checkbox"/> AA Life Protector (with Hospital Cash Benefit) <input type="checkbox"/> AA Life Protector Plus <input type="checkbox"/> AA Life Protector Plus (with Hospital Cash Benefit)		Sum assured (\$):	

HEALTH QUESTIONNAIRE

1. Have you and/or your spouse smoked during the past 12 months? If Yes, please provide details below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Person	No. of Years Smoking	No. of Sticks Per Day	
2. Do you and/or your spouse consume any alcohol or other stimulants? If Yes, please provide details below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Person	Type of Alcohol / Stimulant	Quantity Per Week (no. of units or in millilitre/pint)	
3. Have any of your and/or your spouse's family members (biological parents and siblings) died or ever suffered from any cancer (specify type of cancer), heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, alzheimer's disease, motor neuron disease, multiple sclerosis, parkinson's disease, or any hereditary disease or there is more than one family members suffering from the same serious illness? If Yes, please provide details below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Life to be Assured	Relationship to the Life to be Assured	Diagnosis / Cause of Death	Age at Diagnosis

HEALTH QUESTIONNAIRE *(continued)*

4. Have you and/or has any person named in this Form ever had any health or life insurance application declined, postponed or accepted on special terms? If Yes, please provide full details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you and/or does any person named in this Form engage in any hazardous activity or occupation such as flying, scuba / skin diving, motor racing, road and track cycling etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify and provide details such as locations, frequency, etc.	

	Main Assured		Spouse		1st Child		2nd Child		3rd Child	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
6. Have you and/or has any person named in this Form ever had or been told to have or been treated for:										
a) Epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders or disorders of the brain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Diabetes, thyroid disorder or any other disorders of the endocrine system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ear discharge, nose bleeds, impaired sight, hearing or speech or any other disorders of the ear, eye, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Asthma, blood spitting, persistent cough, pleurisy, tuberculosis or any other disorders of the lungs or respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Raised cholesterol, high or low blood pressure, coronary artery disease, heart attack, rheumatic fever, palpitation, breathlessness, chest discomfort or pain, disease of or any other disorders of the heart or the blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Jaundice, hepatitis or carrier, ulcer, hernia, chronic indigestion/diarrhoea, blood in stools, fistula, piles or any other disorders of the stomach, liver, gall bladder, intestines or digestive organ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Protein, blood, pus or sugar in urine, renal stone or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Arthritis, slipped disc, recurrent back pain, gout or any other disorders of the muscle, spine, limbs or joints or severe injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Sexually transmitted diseases such as gonorrhoea, syphilis, non-specific urethritis, any other venereal disease, AIDS or AIDS related condition or infection with any Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Cancer, tumour, cyst, growth of any kind (please specify cancerous / non-cancerous and site of the growth/organ involved)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Gynaecological disorders such as endometriosis, ovarian growth, fibroid, irregular menstrual bleeding, abnormal pap smear results etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Anaemia, any other disorders of the blood, congenital anomalies, physical defects or any other illnesses, disorders not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you and/or is any person named in this Form currently taking any medicine / addictive drugs or receiving medical treatment or on follow up by doctor or considering receiving medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past 5 years, have you and/or has any person named in this Form ever been hospitalised or had a surgical operation or an X-ray, ultrasound, CT scan, biopsy, angiogram, electrocardiogram (ECG), HIV-antibody, blood or urine test, or other medical tests carried out for investigative purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH QUESTIONNAIRE *(continued)*

Note:

If any of the answers to the Health Questionnaire is Yes, please provide details below and attach a copy of the medical report that you have. If more information needs to be provided, please attach a separate sheet with signatures and date.

Qn. No.	Name of Person	Name of Medical Condition, Purpose of Medical Test / Surgery and the Results. Treatment and Name of Medicine	Duration of Condition		Name & Address of Doctor / Hospital
			From	To	

CLIENT'S DECLARATION

CONFIRMATION OF ACCESS TO COMPULSORY DOCUMENTS

I/We acknowledge that I/we have access to a copy of the Product Summary, "Your Guide to Life Insurance" and "Your Guide to Health Insurance" (if this applies) via LIA website www.lia.org.sg and have read and understood the content.

DECLARATION

I/We declare that

- (a) to the best of my/our knowledge and belief the information given by me/us to Tokio Marine Life Insurance Singapore Ltd. ("**the Company**") and/or its Medical Examiner is true and complete and that no material facts or statements made in the medical examination, questionnaires, other documents, or amendments together with this relevant application have been withheld, which is likely to influence the assessment and acceptance of this application;
- (b) I/We am/are not an undischarged bankrupt and I/we have committed no act of bankruptcy within the last 12 months; and
- (c) no statutory demand nor bankruptcy petition has been served on me/us.

I/We acknowledge

- (d) Singapore's commitment to safeguard its financial system from being used to harbour or launder tax evasion monies or proceeds from serious tax offences. I/We hereby declare and represent to the Company that I/we have not been convicted of any tax crimes nor there is any similar or threatened proceedings against me/us. I/We shall indemnify and keep the Company harmless against any loss and liability which the Company may incur or sustain in connection with or arising out of my/our (a) tax crimes, evasions, issues or implications; and/or (b) any aforesaid declaration or representation becomes untrue.

I/We agree

- (e) that payment of premium before acceptance of this application by the Company does not commit the Company to issue the plan I/we have applied for and the said plan shall not take effect unless and until this application has been fully accepted and the full premium has been paid during my/our life/lives and good health;
- (f) that should I/we decide to cancel the plan issued in respect of this application within 14 days after the receipt of the Certificate of Insurance, the amount to be refunded to me/us shall be all premiums paid less all expenses incurred in underwriting this plan;
- (g) that should I/we decide to cancel the plan issued or withdraw from the plan, premiums paid through Credit Card Authorisation will be reversed to Credit Card holder;
- (h) to inform the Company if there is any change in the state of my/our health, occupation or activity between the date of this application or medical examination and the issue date of my/our plan. On receiving this information, the Company is entitled to accept or reject my/our application; and
- (i) this application and any statements made in Medical Examinations, questionnaires, other documents or amendments together with this relevant application shall form the basis of the contract between Automobile Association of Singapore and the Company.

I/We authorise

- (j) any medical source, insurance office, or organisation to release to the Company; and
- (k) the Company to release to any medical source, insurance office, or organisation, any relevant information concerning me/us, at any time irrespective of whether the application is incepted by the Company. A Photocopy of this authorisation shall have the same effect as the original.

I am fully aware and acknowledge that

- (l) I can seek advice from a qualified adviser before I sign this application/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; and
- (m) the plan will be terminated on the next renewal when I cease to be a registered member of the Automobile Association of Singapore.

This application is governed by and construed in accordance to the laws of Singapore.

This plan is underwritten by Tokio Marine Life Insurance Singapore Ltd. and will be entered into the register of Singapore policies.

PERSONAL DATA AND MARKETING MATERIALS

I/We agree and consent that the Company may collect, use, process and disclose the personal data, which includes but is not limited to my/our name and contact details, as provided by me/us to the Company through this form, any documents provided by me/us to the Company from time to time and other sources (including other insurers, financial and medical institutions) as the Company deems appropriate and relevant for the purposes of:

- (a) providing advice or recommendation for insurance products offered by the Company;
- (b) processing, considering and underwriting my/our insurance application(s) with the Company. It includes on-going due diligence and screening activities (including background checks, anti-money laundering, "know-your-client", creditworthiness, financial and medical conditions, and reviewing whether to continue insuring me/us or the Life Assured) in accordance with applicable legal and regulatory obligations or the Company's policies;
- (c) administering, servicing (including pre- and post-sales support), managing and maintaining my/our relationship and policy(ies) with the Company (including the mailing of correspondences to me/us involving the disclosure of my/our personal data printed on the external envelopes);
- (d) carrying out the operations and transactions under my/our policy(ies) including debt recovery, making and obtaining payments;
- (e) processing, investigating and settling the claim under my/our policy(ies) issued by the Company or other insurers;
- (f) carrying out my/our instructions or responding to my/our enquiries;
- (g) detecting, preventing or investigating fraud, misconduct, unlawful activity or omission relating to this form, claim or policy(ies) issued by the Company or other insurers, and whether there is any suspicion of the aforementioned;
- (h) storing, hosting, backing up (whether for disaster recovery or otherwise) of the personal data whether within or outside Singapore;
- (i) complying with applicable legal and regulatory obligations in managing my/our relationship and policy(ies) with the Company, including the regulatory and industry association reporting obligations;
- (j) carrying out research, survey and statistical analysis;
- (k) reinsuring arrangement and management;
- (l) quality assurance and training program;
- (m) informing or engaging me/us for the Company's charity events; and

CLIENT'S DECLARATION *(continued)*

PERSONAL DATA AND MARKETING MATERIALS *(continued)*

- (n) sending me/us the marketing, advertising and promotional information about the insurance products, financial or investment products or any other products or services that the Company or any of the Group Companies (defined hereunder) in Singapore is or may be selling or marketing which may be of interest or benefit to me/us, including the update of the same ("**Marketing Materials**") via the following modes of communications, using the contact information provided by me/us from time to time:

(Please tick if you wish to **opt-out**):

☐ post ☐ e-mail

(Please tick if you wish to **opt-in**):

☐ phone call / voice calls ☐ text messages

(collectively, the "**Purposes**").

By signing and submitting this application form, I/we acknowledge and agree that the above shall supersede and replace any prior marketing consent that I/we had provided to the Company.

I/We agree and consent that the Company may disclose the personal data to the third parties (whether sited in or outside Singapore) in carrying out one or more of the Purposes and such third parties may use and process the personal data for one or more of the Purposes. The third parties may include but are not limited to:

- (a) my/our financial advisers, agents, brokers, banks or the Company's distribution intermediaries;
- (b) the Company's head office, regional office, subsidiaries, branches, related corporations and/or any other companies within the group of companies of which the Company forms a part or any company affiliated with the Tokio Marine Insurance Group (collectively, "**Group Companies**");
- (c) auditors, lawyers, service providers or agents who supply services to the Company such as information technology service, data entry and storage, mail distribution, claim assessment and administration, payment, cheque printing, marketing, research, emergency assistance service, medical and professional service;
- (d) reinsurers, other insurers, financial institutions, credit reference agencies and debt collection agencies; and
- (e) governmental/regulatory authorities, industry association, courts, dispute resolution forum (of which have jurisdiction over the Company or its Group Companies) or legal process participants and their advisers.

I/We acknowledge, declare and agree that:

- (a) the personal data may be withdrawn at any time by giving reasonable notice to the Company;
- (b) if I/we have withdrawn consent for the Company to collect, use, process and disclose the personal data in relation to my/our insurance policy(ies), it may affect the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. In such a case, I/we may be required to surrender or terminate all my/our policies with the Company upon the withdrawal of such consent and I/we agree to bear all losses resulting from the same;
- (c) the withdrawal of consent for sending me/us Marketing Materials will not impact the Company's ability or prevent the Company from keeping my/our insurance policy(ies) in force or supplying the services to me/us. I/We will give reasonable notice to the Company if I/we wish to withdraw consent for Marketing Materials or change the communication mode to receive them;
- (d) the Company may collect, use, disclose and/or process the personal data without my/our consent if permitted under any applicable law;
- (e) I/we have read, understood and agreed to observe the clauses contained in this form and the Company's Data Protection Policy available at www.tokiomarine.com; and
- (f) my/our consent provided to the Company in this form shall be applicable to the policy that I/we am/are applying for in this form, and also all other existing policies that the Company is liable for.

If you have an existing policy with one insurer and wish to replace it with a policy from another insurer, you should consider whether this would be detrimental to you as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to your adviser but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

NOTE: A DULY-SIGNED APPLICATION FORM MUST BE SUBMITTED TO THE COMPANY WITHIN 14 DAYS FROM APPLICATION DATE.

Dated at Singapore (dd/mm/yyyy) _____

Signature of Main Assured

Signature of Spouse

Upon the issuance of your cover, the Company shall, at its sole discretion, assign an insurance adviser to service your plan.

The start date of the cover will depend on when we accept the application form and receive the premium.

- In the event that the application form and premium is received by TMLS between 1st to 15th calendar day of the month (both dates inclusive), the applicable plan(s) will commence on 16th day of the same calendar month.
- In the event that the application form and premium is received by TMLS between 16th to the last calendar day of the month (both dates inclusive), the applicable plan(s) will commence on 1st day of the next calendar month.



TOKIO MARINE
INSURANCE GROUP

Application No.:

CREDIT CARD AUTHORISATION FORM

Name of Main Assured

NRIC No. of Main Assured

Name of Cardholder as shown on credit card

Relationship to Main Assured

Full name of Cardholder as shown on NRIC / Passport
(Please underline surname or last name)

NRIC / Passport No. of Cardholder

VISA / MasterCard Credit Card Number

 - - -

Credit Card Expiry Date

 -
M M Y Y Y Y

IMPORTANT NOTES

- a) Only credit card issued in Singapore is acceptable.
- b) Only VISA / MasterCard credit cards are accepted.
- c) Only the required premium amount to inception the policy will be charged to the credit card and such charge will take place after Tokio Marine Life Insurance Singapore Ltd. ("the Company") has accepted the above-mentioned application. Thereafter, any subsequent premium due on the policy shall be paid by cash, cheque or credit card.
- d) For premiums paid through this authorisation, refund of premium (if any) will be made to the credit card.
- e) A separate Credit Card Authorisation Form is required for each application submitted.

PERSONAL DATA NOTICE

I/We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose my/our personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at www.tokiomarine.com, which I/we have read, understood and agreed to the same.

I have read the "Important Notes" set out above and agree to be bound by it.

I authorise the Company to charge the required premium amount from my credit card to effect the policy.

Signature of Cardholder
(as shown on the credit card)

Date (dd/mm/yyyy)



NB - Correspondence Sensitive

NBZ/FCC/0615/01

