

## Application for Golfer's insurance

**Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)**

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may not be valid.

### Your details

Name (as shown in NRIC)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC number	Date of birth (dd/mm/yyyy)
Residential address	Occupation	Nationality	
Contact number (Office) <span style="margin-left: 100px;">(Home)</span> <span style="margin-left: 100px;">(Handphone)</span>	Email		
<p>If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you do <u>NOT</u> want us to update the address for any of your policy, please indicate the policy number below.</p> <p>Address will not be updated for policy number(s):</p>			

### Details of insurance

Effective date (dd/mm/yyyy)	Choice of plan <input type="checkbox"/> 1-Year
<p>Do you suffer from any physical defect or infirmity or disease of any kind?          If "Yes", please give details.</p>	

### Personal data collection statement

NTUC Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by NTUC Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

**1. Purpose of collection**

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

## 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, underwriting survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

## 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

## 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

## 5. Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products or services via telephone calls, text messages, faxes, mails, or emails.

Yes  No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.  
We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, NTUC Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

## Declaration and authorisation

- 1 I have not withheld any material information relating to this application. I accept full responsibility for it.
- 2 I agree that this application and other written statements, information or declaration I have made or made on my behalf, will form the basis of the contract of insurance between me and NTUC Income.
- 3 I acknowledge that you will not be legally responsible for any claims until you have accepted this application and you have received the premium in full.
- 4 I am aware that I can get advice from a qualified adviser before I sign this application. If I choose not to, I take full responsibility for making sure that this product is appropriate for my financial needs and insurance aims.
- 5 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 6 I confirm that I understand and agree to the 'Personal data collection statement'.

**You must give all the facts truthfully when you make this application. If you fail to reveal any material information in this application, you may not receive any benefits under your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this application.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

### Important notes

- 1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.
- 2 This policy is only available to you if you are between 16 and 65 years of age.

### For official use

Adviser's name	Adviser's code	Campaign code
Policy number	Premium	Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail