

Intermediary Firm/Code: _____

Producer Code: _____

Important Notice

Statement Pursuant to Section 25 (5) of the Insurance Act, you are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void

APPLICANT'S PARTICULARS (PARENT AS POLICYHOLDER)

NAME: _____ DATE OF BIRTH: _____ GENDER: _____

NRIC / FIN NO.: _____ NATIONALITY: _____

ADDRESS: _____

MOBILE NO.: _____ EMAIL ADDRESS: _____

Relationship with Insured Person: _____

PARTICULARS OF PERSON(S) TO BE INSURED

NAME OF CHILD : _____

DATE OF BIRTH: _____ GENDER: _____ NRIC / FIN NO.: _____

NATIONALITY: _____

NAME OF CHILD : _____

DATE OF BIRTH: _____ GENDER: _____ NRIC / FIN NO.: _____

NATIONALITY: _____

NAME OF CHILD : _____

DATE OF BIRTH: _____ GENDER: _____ NRIC / FIN NO.: _____

NATIONALITY: _____

ANNUAL PREMIUM (\$\$) (inclusive of GST) (Please tick accordingly)Plan Type: Bunny Teddy Jumbo

Premium for 1st Insured Child: = \$ _____

Premium for 2nd Insured Child onwards: \$ _____ x _____ Child(ren) = \$ _____

Total Premium Payable: = \$ _____

PERIOD OF INSURANCE

From _____ for 12 Months.

MARKETING CONSENT

I would like Sompo to send me marketing updates and/or information about your products, promotions and services via:

Postal Mail Email Voice Calls Text Messages (e.g. SMS)

I am aware that this supersedes any other marketing consent which I may have previously provided to Sompo. I am aware that it may take up to 30 days for Sompo to update my marketing consent. I understand that I may change or withdraw my marketing consent subsequent to this product application. I confirm that I am the user and/or subscriber of the telephone number which was provided to Sompo.

DECLARATION

I hereby declare and warrant that:

1. I am not an undischarged bankrupt; and
2. I am and the child(ren) to be insured is/are residing in Singapore; and
3. the child(ren) to be insured is/are in good health and free from physical impairment; and
4. I understand that pre-existing conditions are not covered; and
5. the child(ren) to be insured does/do not participate in any hazardous hobbies or activities; and
6. the child(ren) to be insured have neither made any claims against any insurer for bodily injury nor had any life or accident insurance application/policies that are declined, cancelled, refused renewal or imposed with special terms; and
7. I will give notice to Sompo Insurance Singapore Pte. Ltd. ("Sompo") of any change in activities or country of residence; and
8. I am aware that the benefits under this policy will only be payable upon an accident occurring, with the exception of coverage provided for Specified Infectious Diseases; and
9. I am aware that for Infectious Diseases cover, there is a waiting period of 14 days from cover inception; and
10. the information that is provided by me in this proposal form is true and complete and they shall be the basis of the contract between me/us and Sompo.

I/We further declare details relating to item(s) no. : _____

I agree to abide by the Policy terms, conditions and exclusions.

I am aware that I can seek advice from a qualified advisor to ensure that this product is appropriate for my financial needs and insurance objectives before this application is submitted.

I, and on behalf of the persons to be insured, acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

SIGNATURE OF APPLICANT on behalf of person(s) to be insured

DATE



PAYMENT INSTRUCTION (Please tick accordingly)

I/WE ENCLOSED A CHEQUE (Bank/Cheque No.): _____ for S\$ _____ (inclusive of GST) payable to **Sompo Insurance Singapore Pte. Ltd.**

PLEASE CHARGE S\$ _____ (inclusive of GST) TO MY
Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to such use.

CARDHOLDER NAME: _____

CARD NO.: - - - EXPIRY DATE: -

SIGNATURE OF CARDHOLDER

DATE: