

APPLICATION TERMS AND PROCEDURE

1. All particulars must be written in **FULL** and **BLOCK** letters.
2. Insurance effected will cease at the age of 65 for you and your spouse and the age of 18 or 25 for your dependant child(ren) or according to the terms of the policy contract.
3. Insurance incepted is for the entire policy year, 1 Oct to 30 Sep the following year or part thereof. In the event of a premature termination during the policy year, AVIVA reserves the right to impose short period premium rate as specified in the group policy contract.

PAYMENT OF MONTHLY PREMIUM

1. Monthly premiums will have to be paid by GIRO. **You are, therefore, required to complete the GIRO application form; otherwise, insurance cannot be effected.**
2. **For SAF Regulars (including full-time national servicemen)**, the first 3 months' premium will be deducted from your salary or NSF allowance. This duly signed application shall serve as an authorisation for SAF or its approved agency to deduct.
3. **For Others**, you are required to submit a cheque for 3 months' advance premium together with this application form. Your cheque should be made payable to **'AVIVA LTD'** with your **NRIC** number, your **name** and **telephone number** on its reverse.
4. **For spouse and children**, the premium will be deducted from the insured serviceman's payroll or bank GIRO account.
5. Submission of this application and/or cheque does not constitute an acceptance for insurance. An insurance certificate will be issued to you once your application is underwritten and approved.
6. If you are currently insured and paying by Bank GIRO, you need not submit the GIRO form.

ENQUIRY

For enquiry please contact us at:

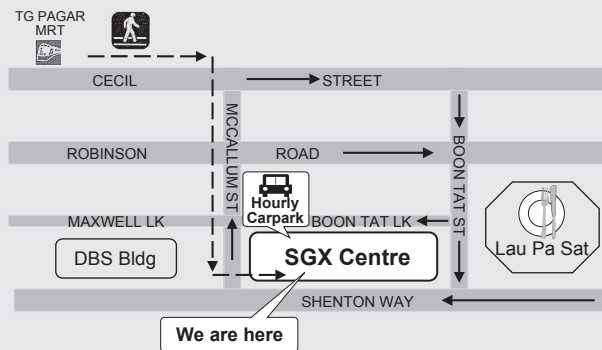
**SAF Insurance Infoline:
6827 8000**

(working days, Mon to Fri from 8.45am to 5.30pm)

**Email:
saf_insurance@aviva-asia.com**

Fax: 6321 7881

You may visit our Customer Service Hall at SGX Centre 2, #01-01, 4 Shenton Way.



This Insurance Scheme is underwritten by :



AVIVA LTD

4 Shenton Way #01-01, SGX Centre 2, Singapore 068807
Tel : 6827 7988
www.aviva-singapore.com.sg
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

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APPLICATION FORM

**GROUP
PERSONAL
ACCIDENT
INSURANCE**

SAF Personnel Services Centre,
Manpower Policy Dept, MINDEF

GROUP PERSONAL ACCIDENT INSURANCE – APPLICATION

GROUP POLICY NO. 2000019 - 03

PURSUANT TO THE INSURANCE ACT, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED HEREUNDER MAY BE VOID.

A. Status of Applicant Serviceman : *(Tick ✓ where appropriate)*

- SAF Regular
- Ops Ready NSman
- Full-time NSman
- Public Officer in MINDEF
- MINDEF DXO
- Insured member

B. Particulars of Serviceman.

NRIC/Birth Certificate No. Date of Birth

Name

Address

Telephone (Office) (Handphone)

Email

C. Particulars of Persons to be Insured & Sum Assured.

Personal Particulars					Applying for Sum Assured <small>(Please indicate X on desired sum)</small>		
Relation	Gender	NRIC or BC	DOB	Name (Block Letter)	\$100,000	\$200,000	\$300,000
Self	M / F	As in Part B					
Spouse	M / F						
Child	M / F						
Child	M / F						
Child	M / F						

Declaration

I declare that the information given above is true and complete. I agree that this application shall be the basis of the contract of insurance to be issued under the said Group Insurance Policy. I understand that the Insurance shall not become effective until it is accepted and confirmed in writing by AVIVA LTD.

I agree to inform AVIVA LTD if there is any change in the state of my health or my activities between the date of this Health Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I consent to AVIVA LTD seeking information from my doctor who has attended to me or from other insurance company to which I have at any time made a proposal for insurance and I authorize the giving of such information. I further authorize Aviva Ltd to give such information obtained or information contained herein for the purpose of obtaining insurance cover under the said Group Policy to the insurance intermediary / administrator of the said Group Insurance Policy.

For SAF Regulars/NSFs, by signing the application form, I consent to SAF or its appointed agency to release my personal particulars and bank information to AVIVA LTD to update my insurance record. I also consent to SAF or its appointed administrator to deduct the monthly premium from my monthly SAF salary or allowance for payment of such group insurance schemes until such time a GIRO account is ready.

Signature of Applicant

Date