AVIVA

APPLICATION FOR PUBLIC OFFICERS GROUP INSURANCE SCHEME (POGIS)

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

Please tick where appropriate:

☐ New Application	☐ Employee	☐ Spouse	☐ Child(ren)
☐ Changes in Sum Assured	☐ Employee	☐ Spouse	☐ Child(ren)
☐ To include Critical Illness	☐ Employee	☐ Spouse	☐ Child(ren)
☐ To include Early Critical Illness	☐ Employee	☐ Spouse	☐ Child(ren)

Note: Please attach a copy of the staff pass of the proposer and scanned copy (Front and back) of NRIC of all insured members for new applications.

SECTION (A): PARTICULARS OF PROPOSER/MAIN LIFE ASSURED

Salutation: ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Gender: ☐ Male ☐ Female

Name (as shown in NRIC/Passport – underline surname)	NRIC/Passport No.	Nationality	Height (cm)	Weight (kg)

Date of Birth	Marital Status	Contact No. (Hp) (O) (H)	Email

Residential Address	Name of Organisation	Department	Occupation

Term Life (TL) Sum Assured:	Critical Illness (CI) Sum Assured:	Early Critical Illness (ECI) Sum Assured:

SECTION (B): PARTICULARS OF LIFE ASSURED/DEPENDANTS

Name (as shown in NRIC/ Passport underline surname)	NRIC/ Passport No.	Nationality	Gender	Date of Birth	Height (cm)	Weight (kg)	Sum Assured		
							TL	CI	ECI
Spouse			☐ M ☐ F						
	Name of Organisation				Occupation				
Child 1			☐ M ☐ F						
Child 2			☐ M ☐ F						
Child 3			☐ M ☐ F						

SECTION (C): HEALTH QUESTIONS

(Note: Any alteration in this form must be signed)

Question	Employee Yes	Employee No	Spouse Yes	Spouse No	Child 1 Yes	Child 1 No	Child 2 Yes	Child 2 No	Child 3 Yes	Child 3 No
1. Have you smoked tobacco or cigarettes in the last 12 months? If 'Yes', how many sticks per day?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Do you consume alcohol? If 'Yes', what is the average total number of standard alcoholic drinks that you drink per week? *- 1 standard alcoholic drink equates to 330ml beer, 125ml glass of wine or 30ml nip of spirits.*	☐ Quantity:	☐	☐ Quantity:	☐	☐ Quantity:	☐	☐ Quantity:	☐	☐ Quantity:	☐

3. Have any of your natural parents or siblings died or suffered from Alzheimer's Disease, Angina, Bowel Cancer, Breast Cancer, Cardiomyopathy, Colon Cancer, Congestive Heart Failure, Coronary Artery Disease, Diabetes, Heart Attack, Heart Failure, Huntington's Disease, Ischaemic Heart Disease, Motor Neurone Disease, Multiple Sclerosis, Ovarian Cancer, Parkinson's Disease, Polycystic Kidney Disease and Stroke?

If 'Yes', please complete the following:

Name of Insured	Relationship	Condition/ Cause of Death	Age at Onset	If Deceased, Age at Death

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SECTION (C): HEALTH QUESTIONS (continued)

Question	Employee Yes	Employee No	Spouse Yes	Spouse No	Child 1 Yes	Child 1 No	Child 2 Yes	Child 2 No	Child 3 Yes	Child 3 No
4. Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not)? (a) Epilepsy, stroke, neurological disorders, disorders of the eyes, ears, nose or throat, asthma, blood pressure problem, heart disorders, diabetes, high cholesterol, thyroid disorders, hepatitis, liver disorders, bladder disorders, intestinal or bowel disorders, blood or protein in urine, kidney disorders, prostate disorders or genitor-urinary disorders, cancer, tumours, cysts or growths of any kind, slipped disc, gout, arthritis, disorders of the muscles, spine, limbs or joints, depression, anxiety, mental or nervous disorders, anaemia or any other disorders of the blood, AIDS, HIV or venereal disease, drug addiction, alcoholism or any other illness, physical injuries or abnormalities not listed above?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(b) For Female Applicant Only: Breast lumps, fibroadenoma, cysts, fibroids, ovarian cysts, endometriosis, adenomyosis or any disorders of the female reproductive system?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Have you ever been admitted to any hospital and/or had surgery, accident, illness or injury in the last 5 years?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Have you consulted any doctor/specialist and had investigations done (X-ray, ultrasound, electrocardiogram (ECG), blood or urine tests) and/or prescriptions, provided for any drugs or medications for any medical conditions other than common illness e.g. flu, common cough etc?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Have you been recommended by a doctor to receive any medical treatment, undergo any medical test, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Do you currently engage in hazardous activity such as aviation (other than as a fare paying passenger on a regular airline), scuba diving, motor racing, mountain or rock climbing (excluding artificial wall climbing), parachuting, sky diving or other extreme sports?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. Have you ever been rejected or accepted at special terms for any application, renewal or reinstatement of Life, Critical Illness, Health, Accident, Disability or any other insurance?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

If any of the answers to the questions is YES, please provide complete information and medical report. If necessary, please attach a separate sheet.

Name of Insured	Sub-Qn (Eg. a,b)	Medical Condition	Date of Diagnosis	Treatment		Name & Address of Doctor/Hospital	Current medical status (eg. fully recovered, follow up treatment/ investigation required?)
				Date	Duration		

SECTION (D): PERSONAL DATA CONSENT

- I/We agree to be contacted by Aviva Ltd (and its related group of companies or their service providers) for special marketing offers, promotions, information about Aviva Ltd's products and services which may be of interest.

Please tick to provide your consent:

☐ By Telephone Call ☐ By SMS ☐ By Mail ☐ By E-Mail

I/We consent to the collection, use and disclosure of my/our personal data by Aviva Ltd and its related group of companies for the above purpose.

Note: This is for Insured Member only, not applicable to Dependant(s). If you are an existing Insured Member, we will update your preference accordingly if you tick one or more of the above options. Your preference in record will remain unchanged if you do not tick any option.

- On behalf of myself and all proposed insured lives, I/we consent to Aviva Ltd (and its related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or from other sources, existing data in Aviva Ltd's record or to be collected in future) to issue and administer my/our existing and/or new cover(s), policy(ies) and/or account(s) with Aviva Ltd, including the processing of my/our personal data for underwriting purposes, payment of premiums and/or claims purposes; for statistical, compliance, audit and regulatory purposes; to provide general information on product enhancements and services relevant to my/our needs, cover(s) or policies (including increasing benefits, adding riders/supplements and/or insured lives) as well as to provide financial advice or product recommendations to me/us, where applicable.
- On behalf of myself and all proposed insured lives, I/we also consent to Aviva Ltd (and its related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- For full details of the purposes of collection, use and disclosure of your personal data, please visit http://www.aviva.com.sg/pdpa.html.

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Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

SECTION (E): DECLARATION

- I/We declare that the information given above is true and complete to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null and void. I/We agree that this application shall be the basis of the contract of insurance to be issued under POGIS. I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Aviva Ltd.
- I/We agree to inform Aviva Ltd if there is any change in the state of my/our health or my/our activities between the date of this application and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.
- I/We consent to Aviva Ltd seeking information from my/our doctor who has attended to me/us or from other insurance company to which I/we have at any time made a proposal for insurance and I/we authorise the giving of such information. I/We further authorise Aviva Ltd to give such information obtained or information contained herein for the purpose of obtaining insurance cover under POGIS to the insurance intermediary/administrator of POGIS.
- I/We agree that in addition to the release of information to any medical source, insurance office, or other organisation mentioned in this section, Aviva Ltd is authorised to use and/or disclose as it reasonably deems fit, any information obtained from any source in respect of me/us, that is held by Aviva Ltd to employees, representatives and relevant third parties (including but not limited to companies within the Aviva Group, reinsurers, my/our financial advisers, financial institutions, credit agencies, direct marketing service providers, investigators, regulatory, governmental and statutory authorities) whether within or outside Singapore. As far as possible Aviva Ltd will release such information to such parties on the understanding that the information will be kept strictly confidential.
- I/We hereby consent to the disclosure of my/our bank account's information with DBS Bank or POSB, to Aviva Ltd for my/our Interbank GIRO application of POGIS to DBS Bank or POSB (where applicable). However, should I/we choose to use another bank account to pay for my/our policy(ies), I/we shall inform Aviva Ltd accordingly and submit the necessary GIRO application form.
- I/We acknowledge that I/we have access to a copy of the Product Summary and "Your Guide to Life Insurance" which are found at www.aviva.com.sg and have read and understood the content.
- I/We am/are aware that I/we can seek advice from a qualified financial adviser representative before I/we sign on this application form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to meet my/our financial needs and insurance objectives.
- I/We am/are aware and agree that I/we provide/make these declarations and authorisations on behalf of myself and all dependants who are below 16 years old (where applicable).

Signature of Employee	Signature of Dependants (Aged 16 years and above) (if applicable)			
	Signature of Spouse	Signature of Child 1	Signature of Child 2	Signature of Child 3
Date	Date	Date	Date	Date

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