* P O L C H G *

Addition of Rider(s) / Supplementary Benefit(s) Form

Particulars of Financial Adviser Representative ("FAR")

Name : _____ **Contact No** : _____

Source Code : _____ **Email Address** : _____

Name of Firm : _____

Policy Details

Policy Number : ☐☐☐☐☐☐☐☐

Name of Assignee/Assured : _____ **NRIC/Passport No.** : _____

Name of Joint Assured : _____ **NRIC/Passport No.** : _____

Name of Life Assured : _____ **NRIC/Passport No.** : _____

Name of Joint Life Assured : _____ **NRIC/Passport No.** : _____

Country of Residence : _____

Important Notes:
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. 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 the licensed Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Please note that we will deduct the required payment from your designated bank/credit card account if the current payment method of your policy is via GIRO/credit card. If you do not have an existing GIRO/credit card arrangement with us, please pay the premium due of your existing coverage together with the new Supplementary Benefit(s) via cheque.

If the premium of your existing coverage is due for payment, the Supplementary Benefit(s) will commence upon full receipt of the premium of your existing coverage. Otherwise, the prorated premium received for addition of Supplementary Benefit(s) request may be used to pay for the basic premium due.

Please tick (√) the appropriate box

☐	**Addition of Rider(s) / Supplementary Benefit(s)** *Please note: Subject to the entry age of the Rider(s) / Supplementary Benefit(s)*		
	Name of Rider(s) / Supplementary Benefit(s)	Term / Expiry Age	Sum Assured / Monthly Benefit(s)
	1.		
	2.		
	3.		
☐	Increase in benefit: _____		

Please tick (√) accordingly.
Were you advised by your Financial Adviser Representative (FAR) to effect any of the alterations above?
Note: You are advised to seek advice from your FAR before effecting any alterations.

☐ Yes. I/We have received the advice and the basis of recommendation is indicated in the Fact Find Form.

☐ No. I/We do not wish to receive advice from my FAR and I/we have made my/our own decision. I/We take full and sole responsibility to ensure that this Rider(s)/Supplementary Benefit(s) are suitable for my/our financial needs and insurance objectives. I am/We are aware that I am/we are not able to rely on Section 27 of the Financial Advisors Act (Cap 110) to file a civil claim against Aviva Ltd.

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg. No.: 196900499K | GST Reg No.: MR-8500166-8

General Questions		Life Assured		Joint Life Assured		Details
		Yes	No	Yes	No	
1.	Are you currently engaged in or have you any intention of engaging in any form of aviation other than as a passenger travelling solely for transport, or engaging in any hazardous pursuits such as scuba diving, motor racing, mountain/rock climbing, free fall parachuting, sky diving, etc? If 'Yes', please state activity and provide details.	☐	☐	☐	☐	
2.	Has any application, renewal or reinstatement of a life, accident, health policy on your life been deferred, declined or accepted at special rates or terms? If 'Yes', please state the name of the company and provide details.	☐	☐	☐	☐	
3.	Please state your current occupation and exact nature of work.					

Medical Questions		Details
1.	What is the name and address of your regular doctor?	
2.	When did you last consult a doctor and for what reason?	
3.	a. Please state your height and weight. **Life Assured**	Height ☐ m Weight ☐ kg
	Joint Life Assured/Assured	Height ☐ m Weight ☐ kg

		Life Assured		Joint Life Assured		Details
		Yes	No	Yes	No	
	b. Have you ever had unexplained weight loss since the commencement of the Policy?	☐	☐	☐	☐	
4.	Are you currently taking medication or considering seeking medical advice from a doctor?	☐	☐	☐	☐	
5.	Have you ever had or been advised to undergo surgery or any diagnostic tests such as X-ray, ultrasound, biopsy, electrocardiogram, blood or urine tests?	☐	☐	☐	☐	
6.	Have you ever had or been told to have or been treated for asthma, cancer, tumour, growth, cyst, disease or disorder of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, Hepatitis, liver disease, raised cholesterol, kidney or urinary disorder, stroke, blood disorder, mental disorder, respiratory disorder, endocrine disorder, musculo-skeletal disorder, gastrointestinal disorder, autoimmune disease, disease and disorder of the eye, ear, nose or throat, HIV infection, sexually transmitted disease or any other illness / physical deformity not listed above? If 'Yes', please give full details including name of the condition(s), date of diagnosis, investigations, result and treatment.	☐	☐	☐	☐	
7.	Have any of your natural parents or siblings ever had or been treated for cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder or any hereditary disease? If 'Yes', please state condition, age of onset and relationship in the space provided.	☐	☐	☐	☐	
8.	Have you smoked cigarettes in the past 12 months? If 'Yes', please state for how many years and how many sticks per day.	☐	☐	☐	☐	
	No. of years	☐		☐		
	No. of sticks per day	☐		☐		

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg. No.: 196900499K | GST Reg No.: MR-8500166-8

Medical Questions (Continued)		Life Assured		Joint Life Assured		Details
		Yes	No	Yes	No	
9.	Do you take alcohol? If 'Yes', please state type and the average daily consumption. Type Quantity	☐	☐	☐	☐	
10.	Have you ever taken addictive drugs/narcotics or been treated for alcoholism or drug addiction?	☐	☐	☐	☐	
11.	***For Female Only*** a. Have you ever suffered from or are you aware of any breast lumps or any other disorders of your breasts?	☐	☐	☐	☐	
	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	☐	☐	☐	☐	
	c. Have you had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	☐	☐	☐	☐	
	d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynecological investigations? If 'Yes', please state type, reason, date of test done and result of test (copy to be submitted if available).	☐	☐	☐	☐	
	e. Are you now pregnant? If 'Yes', please state the number of month(s).	☐	☐	☐	☐	No. of months: _____
	f. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc?	☐	☐	☐	☐	
12.	***For Child Only*** Was the child born prematurely or been diagnosed to have any congenital disorder or birth defects?	☐	☐	☐	☐	
13.	***For Male Only*** Have you ever had or been told to have or been treated for prostate enlargement, disease or disorder of the male reproductive organs? If 'Yes', please furnish details in the space provided.	☐	☐	☐	☐	

Declaration

I/We declare that I/we have received a copy of the Product Summary/Terms and Conditions of the supplementary benefit(s) and Fact Find Form (if applicable).

I/We understand that the insurance shall not take effect until this application is accepted, the full premium is received and the endorsement of the supplementary benefit(s) is issued by Aviva Ltd.

I/We declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application has been withheld and to the best of my/our knowledge and belief, the information furnished is true and complete. I/We agree to inform Aviva Ltd if there is any change in the state of my/our and/or any life assured's health or activities between the date of this application and the date the supplementary benefit(s) is issued by Aviva Ltd to me/us.

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg. No.: 196900499K | GST Reg No.: MR-8500166-8

Declaration (Continued)

I/We agree that all medical examination reports done for the purpose of this application are properties of Aviva Ltd to be used solely for insurance purposes.

I/We authorise any medical source, insurance office or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any medical source, insurance office or organisation, to the extent permitted by law, relevant information concerning me/us and/or any life assured at any time, regardless of whether the application is accepted by Aviva Ltd. A photographic or electronic copy of this authorisation shall be as valid as the original.

I/We understand that any payment made at the time of signing this application or thereafter shall be held as a deposit placed with the Company until acceptance of this application by the Company, subject to the terms and conditions contained in the receipt issued in respect of the said payment. I/We agree to pay to the Company the medical fees incurred in assessing the risk under this application (if any) should I/we decide not to accept at the standard rates or revised terms offered by the Company. Should the Company decline the application, then I/we shall be entitled to a full refund of the amount tendered for this application. I/We further understand that the assurance granted shall be subject to the conditions in and endorsed on the Policy issued.

I am/We are aware that insurance is a long term commitment and I am/we are aware that I/we can seek advice from a licensed Financial Adviser Representative before I/we sign this application. Should I/we choose not to, I/we take sole responsibility to ensure that this application is appropriate to meet my/our financial needs and insurance objectives.

I/We further declare that I am/we are not an undischarged bankrupt and that I/we have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me/us during that period.

I/We acknowledge that the Company may reject any of my/our instructions including, but not limited to, those that, in the Company's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to the Company, and the Company will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy/policies, account(s) and/or managing my/our relationship with Aviva;

I/We also consent to Aviva (and Aviva 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.

Signature of Main Life Assured ► *For age next birthday 17 years and above* ► *Your signature must be consistent with our record*	Signature of Assured / Joint Life Assured ► *Your signature must be consistent with our record*	Signature of Assignee/ Trustee(s)* ► *Your signature must be consistent with our record*	Signature of Financial Adviser Representative	Date ► *DD/MM/YYYY*
Name ► *As in NRIC / Passport*	Name ► *As in NRIC / Passport*	Name ► *As in NRIC / Passport*	Name ► *As in NRIC / Passport*	
NRIC / Passport Number	NRIC / Passport Number	NRIC / Passport Number	NRIC / Passport Number	
Mobile Number	Mobile Number	Mobile Number	Mobile Number	
Email address	Email address	Email address	Email address	

Note:

a) *Signature of Trustee(s)/Assignee are required for policies under Trust/Assignment.
b) Mobile number and email address provided will replace our records accordingly.
c) Both the Assured and Life Assured above the age of 16 are to sign on this Application.
d) The Assured will declare on behalf of the Life Assured below the age of 16.

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg. No.: 196900499K | GST Reg No.: MR-8500166-8