

Singlife Shield Starter and Health Plus Starter Declaration Document



1. I understand that the insurance shall not take effect until:
 - (a) it has been accepted and confirmed in writing by Singapore Life Ltd ("Singlife"); and
 - (b) Singlife has received the full premium; and
 - (c) the Life to be Insured is covered under MediShield Life.

2. If I decide to switch from/replace the Life to be Insured existing policy, I understand that:
 - (a) Transaction costs may be incurred without gaining any real benefit from the switch/replacement.
 - (b) Penalties may be incurred for terminating the existing policies.
 - (c) The Life to be Insured may not be insurable at standard terms.
 - (d) The switch/replacement policy may offer a lower level of benefit at a higher cost or same cost or offer the same level of benefit at a higher cost.
 - (e) The switch/replacement policy may be less suitable, and the terms and conditions may differ.
 - (f) There may be other options available besides switching/replacing the policy.

3. I declare that I have chosen to buy this product without advice from a financial adviser representative and confirm that I have received a copy of the following documents:
 - Policy contract
 - Product SummaryAnd I have fully read and understood their content. I take sole responsibility to ensure that the product is appropriate for my financial needs and insurance objectives.

4. I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life to be Insured from my Medisave account (including any new Medisave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provision of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS)

5. I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued. Such information includes but is not limited to:
 - (a) payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
 - (b) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
 - (c) the amount of premium subsidies for the Life Assured and the amount of additional premium applicable to the Life to be Insured

6. I am aware that I can view and download a copy of "Your Guide to Life Insurance", "Your Guide to Health Insurance", Infographic "Evaluating My Health Insurance coverage", and Infographic "Moratorium on Genetic Testing and Insurance" from singlife.com, where applicable.

7. I am aware that if I decide that the policy is not suitable after my purchase, I may terminate the policy, according to the 21 days Free-Look period as noted in the Product Summary.

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8. I declare that all information in this Application Form is true and complete and I have not withheld any fact that is likely to influence the assessment and acceptance of this application. I will inform Singlife of any change in the state of the Life to be Insured health or activities between the date of this application and the date on which cover under the policy applied for starts. I understand that:
 - (a) any misrepresentation or concealment of facts shall render the policy to be issued and any other policy which the Life to be Insured has with Singlife to which the information applies null and void; and
 - (b) if any information disclosed to Singlife (whether on this Application or otherwise) is inconsistent with another application form or otherwise, I shall answer all questions and provide all documents which Singlife may require to clarify the inconsistencies; and if a Pre-Existing Condition is found, Singlife may, in its absolute discretion, impose conditions (including but not limited to permanent exclusion of the Pre-Existing Condition), void or terminate any policy issued by Singlife to which the information applies or reject my application.
9. I am aware and agree that I make/provide these declarations and authorisations on behalf of myself and all dependants who are below 16 years old. (where applicable)
10. I, hereby consent, and consent on behalf of all dependants who are below 16 years old (where applicable), to the transfer and disclosure, at any time and without notice to the life insured, of any medical information on them, in the Insurer's possession, between the Insurer and other Insurers administering or operating the PMIS, for the purpose of assessing their insurability and/or the making of a claim under the PMIS.
11. I, hereby consent, and consent on behalf of all dependants who are below 16 years old (where applicable), to the transfer and disclosure, at any time and without notice to the life insured, of any medical information on them, in the Insurer's or the CPF's possession, between the Insurer and the CPF, for the purpose of assessing their insurability and/or the making of a claim under the PMIS.
12. I am aware that the policy I am applying for is authorised for sale in Singapore and acknowledge that I am responsible for ensuring that the laws and regulations applicable to my nationality and country of residence allow me to buy the policy. I understand that Singlife will not be responsible for any legal consequences or tax implications that may arise in connection with the purchase of this policy.
13. I declare that I have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which may lead to those proceedings, or have been convicted of a criminal offence, or am being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.
14. I authorise any medical source, insurance office or organisation to release to Singlife and similarly Singlife to release to any of the above organisations, relevant information concerning me and/or any proposed Life to be Insured at any time, regardless of whether this application is accepted by Singlife. A photographic copy of this authorisation shall be deemed as valid as the original.

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15. I have fully read and understood and accept the Singlife Shield Interim Terms and Conditions (Accidental Medical Reimbursement) ("Interim Terms and Conditions) and am aware that I can download a copy of the Interim Terms & Conditions at www.singlife.com/myshield-interim-tnc.
16. I agree to inform Singapore Life Ltd. if there is any change in the state of the Life to be Insured's health/activities between the date of this application and the date full insurance coverage is provided by Singapore Life Ltd. to the Life to be Insured. I understand the terms of accepting the Life to be Insured as a risk for insurance coverage may vary according to such information received.
17. I understand and agree that:
 - (a) Singlife will not process or accept my application if I or a person connected with this application or the policy to be issued is found to be a Prohibited Person*. Singlife's decision is final. *A Prohibited Person means a person (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners) who is subject to any law, regulation or sanction in any country that has the effect of prohibiting Singlife from insuring, doing business with or otherwise offering any economic benefit to such person.
 - (b) If Singlife becomes aware at any time that a person connected with the policy to be issued has become a Prohibited Person, Singlife may in its absolute discretion cease processing the application or void the policy from inception or block and/or terminate the application, and no benefits shall be payable.
 - (c) As an ongoing obligation, I undertake to immediately inform Singlife of any change in identity, status, particulars, residency and identification documents of any person connected with this application.
 - (d) A "Person" includes an entity.
18. I am aware and have considered the long-term financial commitments to pay the premiums. All Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage provided by Singapore Life Ltd. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my Medisave account(s) or I should have enough cash to pay for MediShield Life premiums on an ongoing basis before I consider purchasing an Integrated Shield Plan.
19. I consent to Singlife collecting, using and/or disclosing my (and proposed Life Assured's) personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:
 - (a) to issue and administer my(/our) existing and/or new policy(ies) and/or account(s) with Singlife and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my (/our), personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the proposed Lives Assured) and/or claims purposes;
 - (b) for statistical, research, compliance, audit and regulatory purposes;

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19. (c) to provide general information on product enhancements and services relevant to my (/our) needs or policies as well as to provide financial advice or product recommendations to me, where applicable; and
(d) where applicable, to provide me with information about Singlife's and Singlife related group of companies' products and services (including marketing offers and promotions)
20. I also consent to Singlife disclosing and/or transferring my (/our) personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable); (ii) the Government of Singapore (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Singlife's Personal Data Protection Notice.
21. I have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me upon posting and/or where I continue to use the relevant products and services offered by Singlife to which such terms relate to.
22. I understand that I will receive my policy, any endorsements and communications electronically after my insurance application is approved and policy is issued. The mobile number and email address provided will be used to inform me when e-documents are ready for viewing online at singlife.com/mydocuments. If e-documents are not available, I will receive printed documents. This will apply to all my individual life and health policies with Singlife. I understand that I may log on to MySinglife to opt for my preferred document option and may switch between e-documents and printed documents.
23. I agree that:
 - (a) all e-documents are deemed to have been received by me upon my receipt of the SMS and/or email informing that it is accessible on MySinglife. The SMS or email will be sent to my last known mobile number and/or email address notified to Singlife.
 - (b) my policy, any endorsements or communications sent by post is deemed to have been received by me 7 days from the date of posting to the last known address notified to Singlife.
24. I represent, warrant and undertake that:
 - (a) My mobile number, address and email address notified to Singlife is correct and complete
 - (b) I will notify Singlife immediately of any change to my mobile number, address and/or email address; and
 - (c) I shall indemnify Singlife for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address and/or email address.