ntuc income

APPLICATION FOR GOLFER'S INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Particulars of Proposer

Name (as shown in NRIC)	NRIC No.	Date of Birth (dd/mm/yyyy)
Contact No. (O) (H) (HP)	Email	Nationality
Residential Address	Gender ☐ Male ☐ Female	Occupation

Particulars of Insurance

Effective Date (dd/mm/yyyy)	Choice of Plan ☐ 1-Year

Do you suffer from any physical defect or infirmity or disease of any kind?
If "Yes", please give details.

Declaration by Proposer

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/We accept full responsibility for them.
I/We have not withheld any material information.
I/We agree that this proposal and other written statements, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income.
I/We acknowedge that the liability of NTUC Income does not commence until this proposal has been accepted and the premium paid and received in full by NTUC Income.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. 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 agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of Proposer

Date (dd/mm/yyyy)

IMPORTANT NOTES

1. Please do not leave any answer blank. Fill "NIL" or "NA" where applicable.

For Official Use

Adviser's Name	Adviser's Code		Policy Delivery ☐ Hand ☐ Mail
Entry by	Date (dd/mm/yyyy)	Policy No.	Date (dd/mm/yyyy)
Checked by	Date (dd/mm/yyyy)	Premium	U/W
Remarks			

GI/G610/PC/09/2010