

DECLARATION FORM



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.

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: DECLARATION

I declare that:

1. I have no regular doctor or medical practitioner.
2. I have not consulted any doctor or medical practitioner, received treatment or undergone investigations within the last 6 months.
3. I am not awaiting any medical consultation, investigation or treatment, or experiencing any symptom that may cause me to seek medical treatment in the near future.

I/We agree to inform Singapore Life Ltd. if there is any change in my/our health status between the date of this Declaration and the date full insurance coverage is provided by Singapore Life 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 agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)