



4.	Have you ever consulted any specialist/ doctor and /or investigations done and/or prescriptions provided for any drugs or medications for any medical conditions other than common illness e.g. Flu, Cough, etc?		
5.	Have you ever engaged in activities that will increase the likelihood of exposure to any immunity disorder, such as AIDS or AIDS related conditions or in the last 3 months had experienced the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, unusual skin lesions		
6.	Have you ever engaged in hazardous activity such as aviation (other than as a private paying passenger), scuba diving, motor racing, mountaineering, etc? (SAF occupations and training are exempted)		
7.	Have you ever been rejected or accepted at special terms for any application, renewal or reinstatement of life, health or any other insurance policy?		

If any of the answers to the above questions is YES, please **PROVIDE COMPLETE INFORMATION** and **MEDICAL REPORTS**, if necessary, please attach a separate sheet.

Sub Qn (Eg. 1a, 2)	Details of Diagnosis/Treatment/Operation	Date		Name & Address of Doctor/Hospital
		From	To	

### C. PERSONAL DATA CONSENT(S)

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife 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(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

On behalf of myself and all proposed insured lives, I/we consent to Singlife disclosing and transferring my/our personal data to a new insurer selected by Public Service Division (PSD), Prime Minister's Office, MINDEF or MHA for the purpose of facilitating and/or administering insurance coverage with the new insurer.

I/We have read and understood Singlife's Data Protection Notice which may be found at [www.singlife.com/pdpa](http://www.singlife.com/pdpa). Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

#### D. DECLARATION

I/We understand and agree on the following:

- a) Singapore Life Ltd reserves the right to call for any medical evidence necessary for the proof of mine / our good health. Such medical evidence shall be submitted by me (if required) and at my own expense.
- b) That the lapsed insurance shall be considered reinstated / restored only when Singapore Life Ltd had issued an official letter of confirmation. Singapore Life Ltd reserves the right not to accept any application and the decision of Singapore Life Ltd shall be final.
- c) Singapore Life Ltd shall not be liable for any claim(s) arising between the date of the insurance lapsed and the date of insurance was / were reinstated or any claims arising from any illnesses, physical impairment, defects, accident or any of the matters referred to in the application, not disclosed to Singapore Life Ltd.
- d) I declare that the information given above is true and complete to the best of my knowledge and understand that any misrepresentation or concealment of material facts shall render the policy to be issued null and void. I understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singapore Life Ltd.
- e) I agree to inform Singapore Life Ltd if there is any change in the state of my and/or my dependent(s)'s health or my and/or my dependent(s)'s activities between the date of this Health Declaration and the date of full insurance coverage is provided by Singapore Life Ltd to me and/or my dependent(s). I understand that the terms of accepting me and/or my dependent(s) as a risk for insurance coverage may vary according to such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Dependent (Age 16 and above)  
(If applicable)

\_\_\_\_\_  
Date (dd/mm/yyyy)