

Application Form for MyProtector



IMPORTANT: Please attach the following documents to your application:

For Individual

- Copy of Identity Card or Passport (for non-Singapore residents), or
- If address is not available in the Identity Card/ Passport, copy of phone, utility, tax bill or any documents issued by a local government body.

Particulars of adviser

Name

Source code

Name of firm

Contact no. (O) (HP)

Email address

For Official Use Only

Contract No.

Client No. (Life Assured)

Client No. (Assured / Joint Life Assured)

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.

This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this Policy shall be governed by and construed in accordance with the laws of Singapore.

A) PARTICULARS OF LIFE ASSURED

Please complete in capital letters and tick boxes as appropriate.

Salutation Mr Mrs Mdm Miss Dr

Full name as shown on identity card/passport

Surname

Given name

Gender Male Female

Marital status Single Married Widowed Divorced

Nationality

Identity card/Passport no.

Country of issue

Date of birth / / (DD/MM/YY)

Country of birth

Residential address

Postal/Zip Code

Country of residence

Correspondence address (if different from residential address)

Postal/Zip Code

For existing policyholder with Aviva Ltd: If your correspondence address differs from our records, do you wish to update the above address in all your other policy(ies)? Yes No

Contact no. (H)

(O)

(HP)

(Fax)

Email address

Employment status Employed Unemployed Self-employed

Occupation

Exact nature of duties

Nature of business

Name & address of employer

Postal/Zip Code

If your spouse is applying / has applied for other policy(ies) or already has in-force policy(ies) with Aviva Ltd, please provide us with spouse's details:

Surname

Given name

Identity card/Passport no.

Nationality

Date of birth / / (DD/MM/YY)

Backdated to / / (DD/MM/YY)

B) PARTICULARS OF ASSURED (APPLICANT) (if different from Life Assured) / PARTICULARS OF JOINT LIFE ASSURED

Please complete in capital letters and tick boxes as appropriate.

Joint Application Third Party Application
 Salutation Mr Mrs Mdm Miss Dr
 Full name as shown on identity card/passport
 Surname
 Given name
 Gender Male Female
 Marital status Single Married Widowed Divorced
 Nationality
 Identity card/Passport no.
 Country of issue
 Date of birth / / (DD/MM/YY)
 Country of birth
 Residential address

 Postal/Zip Code
 Country of residence

Correspondence address (if different from residential address)

 Postal/Zip Code
 For existing policyholder with Aviva Ltd: If your correspondence address differs from our records, do you wish to update the above address in all your other policy(ies)? Yes No
 Contact no. (H)
 (O)
 (HP)
 (Fax)
 Email address
 Employment Status Employed Unemployed Self-employed
 Occupation
 Exact Nature of Duties
 Nature of Business
 Name & address of employer

 Postal / Zip Code
 Relationship to Life Assured

C) DECLARATION OF BENEFICIAL OWNERSHIP

If there is any Beneficial Owner(s) in relation to the policy, we are required by regulation to request the details of such Beneficial Owner(s). Please provide the details such as Name and Identity Card/Passport No. of the Beneficial Owner(s) and your personal relationship(s) with them and submit a copy of their Identity Card/Passport to us.

Please provide relevant details here:

"Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

For the avoidance of doubt, completion of this section is **not** a nomination of beneficiary(ies) under the policy.

D) DETAILS OF POLICY APPLIED FOR

Basic Plan	Policy Term (years)	Sum Assured	Premium Payable

Supplementary Benefit(s)	Policy Term (years)/Expiry Age	Sum Assured/Monthly Benefit/Daily Benefit	Premium Payable
Total Premium Payable			

For decreasing plan/benefits: Interest Rate %

E) PAYMENT DETAILS

Contract Currency: GBP EUR AUD USD HKD SGD

Payment Frequency: Monthly Quarterly Half-Yearly Yearly

Payment Mode (in Contract Currency):

Bank Draft

Payment must be made payable to Aviva Ltd and in your chosen contract currency specified at the time of the application.

Cheque

Cheques must be drawn from a bank in the country of domicile of the cheque's currency. Payment must be made payable to Aviva Ltd and in your chosen contract currency specified at the time of the application.

Interbank GIRO

For plan account denominated in SGD currency and through a local Singapore SGD bank account only. Please complete the attached Application Form for Interbank Giro.

Direct Debit (Applicable to RENEWAL PREMIUM only)

For plan account denominated in GBP currency and through a United Kingdom GBP bank account only. Please submit a copy of duly completed Direct Debit Instruction Form.

Telegraphic Transfer

For Regular Payment via Telegraphic Transfers, please provide a copy of Standing Instruction Application for Overseas Remittance. Any charges made by the remitting bank and receiving bank in the course of submitting funds to Aviva Ltd must be borne by the applicants. Thus, it is necessary to pay an amount in excess of the premium due to cover these charges. Please indicate your name (as in this application), Identity Card/Passport Number and the Policy Number in the TT application. Please remit the amount to the currency denominated bank account of **Aviva Ltd** as shown below:

<u>Contract Currency</u>	<u>Bank</u>	<u>Bank Account No</u>	<u>Swift Code</u>
GBP	Citibank N.A. (Singapore Branch)	0-820610-032	CITISGSG
EUR		0-820610-024	
AUD		0-820610-059	
USD		0-820610-016	
HKD		0-820610-067	
SGD		0-820610-008	

Credit Card

Visa / Mastercard Authorisation

I authorise Aviva Ltd to charge the initial premium and/or subsequent regular premium to my credit card account for this insurance policy. This authorisation is to remain in effect until I terminate it by written notification to Aviva Ltd at least 30 days in advance of the intended date of termination.

Name of Cardholder

Card Number

Visa

Mastercard

Address of Credit Card Holder

Issuing Bank

Card Expiry Date (MM/YY) /

Signature of Cardholder

Date (DD/MM/YY) / /

F) GENERAL QUESTIONS

	Life Assured	Assured / Joint Life Assured
1. Please declare your annual fixed income before tax (excluding fringe benefits such as allowance and commissions).	Currency: <input type="text"/> Amount: <input type="text"/>	Currency: <input type="text"/> Amount: <input type="text"/>
2. Has any application, renewal or reinstatement of Life, Accident or Health policy on your life been deferred, declined or accepted at special rates or terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state the name of the company and provide details. Name of company: <input type="text"/> Type of Insurance: <input type="text"/> Reason: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state the name of the company and provide details. Name of company: <input type="text"/> Type of Insurance: <input type="text"/> Reason: <input type="text"/>
3. Have you ever made any claim(s) on health, accident or disability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give details of each claim and benefits received. <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give details of each claim and benefits received. <input type="text"/>
4. Are you currently engaged in or have you any intention of engaging in any hazardous pursuit such as aviation (other than as a fare-paying passenger on a commercial airline), scuba diving, mountain/rock climbing, motor racing, free fall parachuting, sky diving, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details. <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details. <input type="text"/>
5. Is there any other application for life insurance now pending or being contemplated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state the name of the company, sum assured and type of policy. <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state the name of the company, sum assured and type of policy. <input type="text"/>

G) DECLARATION ON REPLACEMENT OF EXISTING POLICY(IES)

1. Do you, the policy owner(s), have any existing life insurance policy(ies)? Yes No
 If 'Yes', please complete the following table.

Life Assured				
Name of company	Country of insurance	Type of policy	Sum assured	Year issued
Assured / Joint Life Assured				
Name of company	Country of insurance	Type of policy	Sum assured	Year issued

2. Is this application to replace or intended to replace any life insurance policy(ies) or unit trust(s), with Aviva Ltd or any other insurance company, bank, or financial adviser? Yes No

If 'Yes', please complete the following table.

Life Assured				
Name of company	Country of insurance	Type of policy	Sum assured	Year issued
Assured / Joint Life Assured				
Name of company	Country of insurance	Type of policy	Sum assured	Year issued

Warning:

If you are replacing your existing life insurance policy with this new application, some of the disadvantages of replacing your existing plan may be:

- i) you may not be insurable on standard terms
- ii) you may have to pay a different premium in view of older age
- iii) you may lose the financial benefit accumulated over the years
- iv) the terms and conditions may be different

If you are replacing your existing investment-linked insurance policy or unit trust with this application, you should find out whether you are entitled to free switching within your existing plan, as some of the disadvantages may be:

- i) you may incur transaction costs without gaining any real benefit
- ii) the new 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
- iii) you may incur penalties for terminating the policy
- iv) the new policy may be less suitable for you

In your own interest, we would advise that you consult your present financial adviser before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

H) MEDICAL QUESTIONS

	Life Assured	Assured / Joint Life Assured																																																
1. Do you have a regular doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide name and address. Name: <input type="text"/> Address: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide name and address. Name: <input type="text"/> Address: <input type="text"/>																																																
2. Please provide the name(s) and address(es) of all other doctors and specialists consulted within the last 3 years and also the reason(s) for the consultation. If you have consulted any doctor/specialist within the last 3 years, please fill up the Clinical Abstract Application Form.	<table border="1"> <thead> <tr> <th colspan="4">Life Assured</th> </tr> <tr> <th>Name of doctor/specialist</th> <th>Address</th> <th>Date</th> <th>Reason</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="4">Assured / Joint Life Assured</th> </tr> <tr> <th>Name of doctor/specialist</th> <th>Address</th> <th>Date</th> <th>Reason</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Life Assured				Name of doctor/specialist	Address	Date	Reason																	Assured / Joint Life Assured				Name of doctor/specialist	Address	Date	Reason																	
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3. What is your height and weight?	Height: <input type="text"/> cm Weight: <input type="text"/> kg	Height: <input type="text"/> cm Weight: <input type="text"/> kg																																																
4. Have you smoked cigarettes in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', <input type="text"/> sticks per day for <input type="text"/> years	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', <input type="text"/> sticks per day for <input type="text"/> years																																																
5. Do you take alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', Type: <input type="text"/> Average daily consumption: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', Type: <input type="text"/> Average daily consumption: <input type="text"/>																																																

	Life Assured	Assured / Joint Life Assured																					
6. Have you ever taken addictive drugs, narcotics or been treated for alcoholism or drug addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please advise full details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please advise full details below:																					
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7. Are you currently experiencing symptoms, receiving treatment or considering seeking advice or treatment for your health other than minor illnesses such as cold or flu?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please advise full details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please advise full details below:																					
	Life Assured																						
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8. In the past 5 years have you had any tests done such as X-ray, ultrasound, CT Scan, biopsy, electrocardiogram (ECG), blood or urine test?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please advise full details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please advise full details below:																					
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	Life Assured	Assured / Joint Life Assured
9. Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not) ?		
a. raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, irregular or fast heart rate, chest discomfort or pain, disease or any disorders of the heart or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. cancer, tumour, cyst, lump or growth of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. diabetes, abnormal blood sugar, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints / discomfort or any other lung disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Depression, anxiety, stress, or any other mental or nervous disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spines, limbs or joints or severe injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. epilepsy, fits stroke, paralysis, weakness of limb, prolonged headache, unconsciousness or other neurological disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. gastritis, stomach or duodenal ulcer, blood in stools, fistula, or any other stomach or bowel disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. anaemia, or other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorder of ear, eye, nose and throat (excluding long or short sightedness corrected by prescription lenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'Yes' to any of the above questions, please complete the table below.

Life Assured					
Question No.	Name of condition	Date of symptoms or diagnosis	Type of medication and treatment given	Date of last consultation	Date of next consultation

Assured / Joint Life Assured					
Question No.	Name of condition	Date of symptoms or diagnosis	Type of medication and treatment given	Date of last consultation	Date of next consultation

	Life Assured	Assured / Joint Life Assured
10. Have you or your spouse or partner been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide full details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide full details: <input type="text"/>
11. In the last 3 years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide full details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide full details: <input type="text"/>
12. Females only: a. Are you currently pregnant? b. If you are currently pregnant, have you currently or does your doctor expect you to have any complications such as high blood pressure, abnormal blood sugar/gestational diabetes, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state no. of months: <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide full details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please state no. of months: <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide full details: <input type="text"/>

I) FAMILY HISTORY

1. Have either of your natural parents or siblings died or suffered from cancer, heart disease, stroke, diabetes, kidney disease, dementia, Huntington's disease or any other hereditary disease? Yes No

If 'Yes', please complete table below:

Life Assured				
Family member's relationship to you	Medical condition/illness (If cancer or heart disease, please specify which type)	Age at onset	Current age (if applicable)	Age at death (if applicable)

Assured / Joint Life Assured				
Family member's relationship to you	Medical condition/illness (If cancer or heart disease, please specify which type)	Age at onset	Current age (if applicable)	Age at death (if applicable)

J) DECLARATION

I/We understand that the insurance shall not take effect until it has been accepted by Aviva Ltd and the full premium has been received by the Company.

I/We declare that I/we received a copy of the Benefit Illustration, Product Summary, Fact Find, Your Guide to Life Insurance and Your Guide to Health Insurance (if applicable), and that the contents of these documents have been explained to my/our satisfaction.

I/We declare that I/we have received a copy of the Interim Cover Terms and Conditions. I/We hereby acknowledge that the Interim Cover Terms and Conditions have been explained to me in detail and that I/we fully understand the Interim Cover Terms and Conditions.

I/We declare that no material fact, that is, any fact likely to influence the assessment and acceptance of this application have 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 health or activities between the date of this application and the date full insurance coverage is provided by Aviva Ltd to me/us.

I/We agree and authorise Aviva Ltd to disclose any information relating to the details and status of my/our policy(ies) to any third party insurer, whether required by law or otherwise. 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 of the prior mentioned organisations, relevant information concerning me/us at any time, regardless of whether the application is accepted by Aviva Ltd. A photographic copy of this authorisation shall be as valid as the original.

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

Important Note:

If a material fact is not disclosed in this application, 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 adviser but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of Life Assured

Date (dd/mm/yy)

Signature of Assured / Company Stamp#
(as applicable) (if the Assured is different from the Life Assured) / Joint Life Assured

#The signatory warrants that he or she has the authority to sign for and on behalf of _____ (Name of Company) and to bind the Company by his or her signature.

Name & Designation of Signatory (if applicable)

Date (dd/mm/yy)

Signature of Witness

Name of Witness

Identity Card/Passport No.

Date (dd/mm/yy)

I have sighted the customer(s)' original copy of Identity Card/Passport and taken a copy.

Signature of Adviser

Name of Adviser

Adviser's Confidential Report



Name of the Assured / Joint Life Assured	<input type="text"/>	NRIC / Passport No.	<input type="text"/>
Name of the Life Assured <i>(if other than the Assured)</i>	<input type="text"/>	NRIC / Passport / BC No.	<input type="text"/>

A) INFORMATION OF THE ASSURED / LIFE ASSURED / JOINT LIFE ASSURED

	Life Assured	Assured / Joint Life Assured	Details
1. Does the Assured / Life Assured / Joint Life Assured look ill in any way or appear to have any physical defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you aware that at any time, the Assured / Life Assured / Joint Life Assured has been sued, declared bankrupt, assaulted, in serious conflict with anybody or has any criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. (a) What do you estimate the Assured's / Life Assured's / Joint Life Assured's ANNUAL INCOME to be?	Life Assured <input type="checkbox"/> below \$10,000 <input type="checkbox"/> up to \$15,000 <input type="checkbox"/> up to \$30,000 <input type="checkbox"/> up to \$50,000 <input type="checkbox"/> up to \$75,000 <input type="checkbox"/> above \$75,000	Assured / Joint Life Assured <input type="checkbox"/> below \$10,000 <input type="checkbox"/> up to \$15,000 <input type="checkbox"/> up to \$30,000 <input type="checkbox"/> up to \$50,000 <input type="checkbox"/> up to \$75,000 <input type="checkbox"/> above \$75,000	
(b) What do you estimate the Assured's / Life Assured's / Joint Life Assured's Net Worth to be?	Life Assured <input type="checkbox"/> below \$100,000 <input type="checkbox"/> up to \$250,000 <input type="checkbox"/> up to \$500,000 <input type="checkbox"/> up to \$750,000 <input type="checkbox"/> above \$1,000,000	Assured / Joint Life Assured <input type="checkbox"/> below \$100,000 <input type="checkbox"/> up to \$250,000 <input type="checkbox"/> up to \$500,000 <input type="checkbox"/> up to \$750,000 <input type="checkbox"/> above \$1,000,000	
(c) Is the financial position of the Assured / Life Assured / Joint Life Assured such as to warrant his/her applying for a policy of the amount proposed? If no, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) For premium that are not paid by the Assured / Life Assured / Joint Life Assured please state the payor / cheque drawer / account holder's name, NRIC, relationship between the payor / cheque drawer / account holder and the Assured, reason(s) for making the payment.			
4. For premium above \$20,000, please state the source of premium. For e.g., past savings, bonuses, business profits, gratuities, retrenchment / retirement benefits, CPF withdrawals, inheritances, being a beneficiary of the death / disability compensations, proceeds / profits from sale of property, windfall, etc.			
5. Are you related to the Assured / Life Assured / Joint Life Assured by blood or marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the correspondence address stated in the application form belong to the Assured / Life Assured / Joint Life Assured? If no, who does the correspondence address belong to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B) UNEMPLOYED INDIVIDUALS (WHERE THE ASSURED / LIFE ASSURED / JOINT LIFE ASSURED IS UNEMPLOYED)

1. For the unemployed, housewives, retirees, students and those with short working history, please provide more information, such as, the original source of wealth, source of funds, previous employment and who they depend on for support.	
2. How much is the person(s) insured for?	

INSURANCE ADVISER'S DECLARATION ON REPLACEMENT OF POLICY

I hereby declare that this application IS IS NOT* intended to replace an existing policy.

INSURANCE ADVISER'S DECLARATION

I hereby certify that I have personally seen the Assured / Life Assured / Joint Life Assured and explained the terms of the Insurance Plan to the Assured / Life Assured / Joint Life Assured and I have not given any statement to the Assured / Life Assured / Joint Life Assured contrary to the provisions as contained in the company's standard policy.

I declare that all the answers provided to me by the Assured / Life Assured / Joint Life Assured are declared in the application. I have not withheld any other information which may influence the acceptance of this application by the company.

I have sighted the customer(s)' original copy of NRIC / Passport and taken a copy. I undertake to provide a copy of NRIC / Passport when required.

Adviser's Signature	<input type="text"/>	NRIC No.	<input type="text"/>
Adviser's Name	<input type="text"/>	Date	<input type="text"/>
Tel. No.	<input type="text"/> (O) <input type="text"/> (HP)	Source Code	<input type="text"/>

Application Form for Interbank Giro



PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yy): / /

Name of Billing Organisation ("BO"): **Aviva Ltd**

To: Name of Bank:

Name of Policyowner:

Branch:

Life Insurance Policy Number:

- (a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
 (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):

My/Our NRIC Number(s):

Mr/Mdm/Ms/Dr

Mr/Mdm/Ms/Dr

My/Our Account Number:

My/Our Contact Number(s):

My/Our Signature(s)/Thumbprint(s)*:

Office Tel No. Home Tel No.

My/Our Residential Address:

* If your account is operated by thumbprint, your thumbprint needs to be verified by the Bank's staff.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank
7171

Branch
027

Billing Organisation's Account Number
0270007597

Billing Organisation's Customer Reference Number:

Bank

Branch

Account Number to be Debited

Life Insurance Policy Number

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This Application is hereby Rejected (please tick) for the following reason(s) :

- Signature / Thumbprint# differs from Financial Institution's records Wrong account number
 Signature / Thumbprint# is incomplete/unclear Amendments not countersigned by customer
 Account operated by Signature / Thumbprint# Others:

Name of Approving Officer

Authorised Signature

/ /

Date

#Please delete where applicable

Application for Premium Payment by Interbank GIRO

Important Notes :

- Premium Payments through GIRO shall apply only for regular premium policies expressed in Singapore Dollars.
- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification.
- It would take 2 to 4 weeks for your bank to approve your application herein.
- When your GIRO application has been approved, we will inform you of the commencement date of the premium deduction in writing. Before you receive our notification, please continue to pay your premium in the usual manner.
- There will be 2 deduction attempts. If the second attempt fails, the GIRO service will be temporarily deactivated and the policy will subject to the General Provisions of the policy upon expiry of the grace period.
- If the deduction date falls on weekend or Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful debit due to insufficient fund, your bank may impose a service charge.
- No official receipts will be issued. The relevant entries in the bank's passbook/statement will be recognized as confirmation of payment.
- For termination of GIRO arrangement, please inform Aviva in writing, three (3) weeks before the premium becomes due.



MyProtector – Level/Decreasing

Interim Cover Terms and Conditions

This certificate contains the Terms and Conditions of Interim Cover. You (Applicant/Joint Applicant) are advised to keep this in a safe place.

All capitalised terms used in the Interim Cover Terms and Conditions shall have the meanings ascribed to them in the General Provisions, unless otherwise stated.

The Company agrees to insure the Life Assured/Joint Life Assured against Accidental Death for an interim period ("Interim Cover"), subject to the terms and conditions below:

1. Definitions

"The Company" means Aviva Ltd, any of Aviva Ltd's associated companies or affiliates, or National General Insurance Company Psc (only applicable in respect of insurance policies reinsured by Aviva Ltd), whichever is applicable as at the time of the Application.

"Life Assured" or "Joint Life Assured" means the person(s) named in the Application.

"Accident" means an event caused solely and independently of all other causes and directly by violent, unexpected, external and visible means.

"Accidental Death" means death caused by Accident.

"Application" means the application form signed and submitted by the person(s) named in the application to purchase the Policy from The Company, including any written statement, representation and/or document given to The Company to support the said application.

2. The Life Assured/Joint Life Assured is entitled to an interim Accidental Death cover ("Interim Cover"), provided that his or her age next birthday is less than sixty (60) years on the date of Application and comply with the duty of disclosure as set out in the Application Form.

3. The Interim Cover provides the Interim Cover benefit for the Accidental Death of Life Assured proposed under the Policy, or in the case of a joint-lives proposal, the first of the two lives (Life Assured or Joint Life Assured) proposed to be covered under the Policy who suffers an Accidental Death, during the period starting from the date the Application is signed to the earliest of the following :

- (a) the Policy Issue Date ;
- (b) ninety (90) days from the date Application is signed;
- (c) thirty (30) days from the date of The Company's Letter of Conditional Acceptance (such number of days to be reduced accordingly in the event of acceptance by you of The Company's Letter of Conditional Acceptance);
- (d) the date you withdraw your Application;
- (e) the date your Application is rejected or postponed by The Company; or
- (f) the Accidental Death of the Life Assured proposed under this Policy or in the case of a joint-lives proposal, the first of the two lives (Life Assured or Joint Life Assured) proposed to be covered under the Policy who suffers an Accidental Death.

4. The Interim Cover benefit payable under the Interim Cover is the Sum Assured, but subject to the maximum sums (as applicable) as stated below, regardless of the aggregate of the benefits treated as payable under each policy pending issuance by The Company (in the event that there is more than one policy pending issuance) in respect of the Interim Cover benefit.

Maximum Interim Cover for each available Contract Currency

SGD	USD	GBP	EUR	AUD	HKD
500,000	300,000	175,000	250,000	400,000	2,500,000

5. If the claim for the Interim Cover benefit is to be admitted for multiple policies with different contract currencies, all policies that are not denominated in Singapore Dollars (SGD) will be converted to Singapore Dollars (SGD) based on the exchange rates as determined by The Company at the time of conversion for the purpose of aggregation.
6. The Interim Cover is in respect of Accidental Death only. No benefit shall be payable under Interim Cover in respect of death directly or indirectly, wholly or partly caused by or arising from or contributed to by:
- (a) suicide, attempted suicide or other intentional self-inflicted injury while sane or insane;
 - (b) active participation in war (declared or undeclared), civil war, war-like actions and/or acts of terrorism;
 - (c) resulting from or in connection with the use of nuclear, biological and/or chemical weapons in any act of war (declared or undeclared), civil war, war-like actions and/or acts of terrorism;
 - (d) any navy, army, air force, military or police duties;
 - (e) participation in any aerial activity such as parachuting and sky-diving, racing of any kind other than on foot, mountaineering or underwater activity;
 - (f) travel on any type of aircraft except as a fare-paying passenger or a crew member of an international airline operating on a regularly-scheduled passenger flight of a licensed commercial aircraft;
 - (g) any violation or attempted violation of law, or resistance to lawful arrest or imprisonment; or
 - (h) the influence of alcohol or drugs unless administered or taken at the direction of a Registered Medical Practitioner;
 - (i) any medical condition or injury not caused by an Accident; or
 - (j) consumption of poison or any substance which may be fatal if consumed, whether voluntary or involuntary.
7. Upon receiving the Application and all the required supporting documents and information, The Company reserves the right to revoke the Interim Cover by notifying you immediately if The Company determines that there is more than the standard life risk to cover.
8. If a claim is made under the Interim Cover and the claim is admitted by The Company, The Company will pay the Interim Cover benefits after deducting an amount equal to the Regular Premium which would have been required to be paid for the first cover Year, subject to the maximum amount stated in Clause 4.