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A Member of MS&AD INSURANCE GROUP

Healthcare Insurance
Health Declaration Form For Inclusion Of Maternity Coverage

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise, the Policy issued hereunder may be void.

Please ☑ tick where appropriate.

Policy Number _____ Name of Insurance Intermediary *(where applicable)* _____

Name of Insured _____

(A) Details of Person to be Insured

Name Mr/Mrs/Ms/Mdm/Dr* _____ *(*delete if not applicable)*
(Name as shown in NRIC/FIN/Passport. Please underline surname.)

NRIC/FIN/Passport No _____ Date of Birth _____ Height (m) _____ Weight (kg) _____
(dd/mm/yy)

Relationship to Insured ❑ Self ❑ Spouse Occupation _____

Nationality _____ Usual Country of Residence _____

(B) General Questions *(All questions must be answered with reference to the Person to be Insured)*

1. Have you consulted a medical practitioner, or had medical tests done with abnormal results, within the last 12 months or been referred to a hospital specialist within the last 5 years? ❑ Yes ❑ No
   If Yes, please provide the nature and duration of the medical condition(s), date(s) of consultation(s), type of treatment received/advised.

2. Have you been hospitalized or referred to a hospital, nursing home or other medical institution within the last 5 years? ❑ Yes ❑ No
   If Yes, please provide details as per question 1 above.

3. Do you have any other illness or disorder or operation or accident or injury or physical disability not mentioned above? ❑ Yes ❑ No
   If Yes, please provide full details.

4. If you had given birth previously, was the child delivered through natural or caesarean delivery?

5. Do you suffer from any complication of pregnancy in the past? ❑ Yes ❑ No
   If Yes, please provide details on the type of complications and also, the treatment received.

6. Are you currently pregnant? ❑ Yes ❑ No
   If Yes, please state the number of weeks/months which you are pregnant.

(C) Declaration by the Applicant

I declare that that the above answers are true and complete and that I have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of this application and I agree that this Health Declaration Form shall form the basis of contract of insurance. I understand that my coverage under this Policy shall only be effective when it has been approved and accepted by MSIG Insurance (Singapore) Pte. Ltd. and a waiting period of 365 consecutive days from the effective date of this cover is applicable. I also agree that in case of any claim, I authorize any hospital, physician or other person who has attended to me, or examined me or is authorised to maintain medical records to disclose when requested to do so by MSIG Insurance (Singapore) Pte. Ltd. any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.

I understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. MSIG may also send me marketing mailers by post or emails. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. The full MSIG's Privacy Policy can be found at www.msig.com.sg.

Signature of Applicant *(for and on behalf of the person to be insured)* Date *(dd/mm/yy)*