



Policy No :	
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**SUPPLEMENTARY PROPOSAL FORM (NON-HPS, PCE)**  
(INCLUSION / VARIATION IN BENEFIT(S) / PREMIUMS OR TOP-UP OF FUNDS OR REINSTATEMENT OF BASIC POLICY &/OR RIDERS / ADDITION/CHANGE IN LIFE ASSURED)

**WARNING :** PURSUANT SECTION 23(5) OF THE INSURANCE ACT 1966 (2020 REVISED EDITION)(OR ANY SUBSEQUENT AMENDMENTS THEREOF), YOU ARE TO DISCLOSE IN THIS SUPPLEMENTARY PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

You may incur fees and charges as a result of :-

- (i) the disposal of, or reduction in interest in, an existing investment product ("investment product" includes life policies and unit trusts); and
- (ii) the acquisition of, or increase in interest in, a new investment product.

Before switching from one investment product to another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a switch would outweigh any potential benefits. Some of the disadvantages associated with switching include the following :-

- (i) you may incur transaction costs without gaining any real benefit from the switch;
- (ii) the new investment product 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 existing investment product; and
- (iv) the new investment product may be less suitable for you.

You should seek the advice of your financial adviser when in doubt or if you require further clarification.

Please note that the following documents and information are compulsory for this application:

Abridged Fact Find Form (Applicable to tied agency ONLY)

KINDLY COMPLETE FULLY IN BLOCK LETTERS .  
Please tick boxes (✓) as appropriate and delete at (\*) accordingly.

Name of Life Assured (please underline Surname) :	Name of Assured (please underline Surname) : (* to indicate Joint Life Assured if it is a Joint Mortgage policy)
NRIC / Passport No. :	NRIC / Passport No. :
Occupation and Exact Nature of Work :	Occupation and Exact Nature of Work :

(A) **INCLUSION OF BENEFIT(S) ONLY** (to be completed ONLY IF you intend to include benefits in the Policy above. Please complete Part I to III of the form, \*Abridged Personal Financial Priorities (PFP) for Traditional life policy, Policy Illustration, Product Summary and submit in at least 1 month before the Policy Anniversary date.)  
(Tokio Marine Life Insurance Singapore Ltd. reserves the right to call for medical requirements, if necessary. All costs for medical requirements shall be borne by you.)  
\*for tied agent only.

Is this application self-initiated by you (ie, policyholder)?  Yes  No

**DETAILS OF THE BENEFITS TO BE INCLUDED / INCREASED**

Plan Name / Rider / Supplementary Benefit	Sum Assured / Benefit (\$)	Coverage (yrs)	Premium <sup>1</sup>	
			Amount (\$)	Mode
				<input type="checkbox"/> Annual
				<input type="checkbox"/> Half-yearly
				<input type="checkbox"/> Quarterly
				<input type="checkbox"/> Monthly
				<input type="checkbox"/> Single
Aggregate				

<sup>1</sup> Currency, Mode and Method of premium MUST FOLLOW the existing Policy, unless agreed to be otherwise





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(B) **VARIATION IN BASIC PLAN'S REGULAR PREMIUM AND/OR SUM ASSURED** – applicable to Investment Link (RP) only. Policy **MUST NOT** be on premium holiday.

	Current Amount (\$)	To modify to (please specify to nearest \$)	No modification needed
Basic Plan's installment premium <sup>2</sup> (i.e. do not include premium-paying riders)			<input type="checkbox"/> no change
Basic Plan's Sum Assured <sup>3</sup>			<input type="checkbox"/> no change

<sup>2</sup> Minimum variation in regular premium is as follows: Monthly and Quarterly = S\$300; ; Semi-Annually = S\$600; Annually = S\$1200

<sup>3</sup> Minimum variation for basic sum assured is \$10,000

**Note : Please complete**

- (a) **PART II and III** if there is an increase in Sum Assured;  
(b) **PART III only** if otherwise.

An admin fee of \$30 is charged where there is an increase in the Basic Plan's Sum Assured without any increase in the installment premium.

(C) **REINSTATEMENT OF COVER**

I / We wish to reinstate the following coverage(s) under the above Policy No. which has lapsed / was made paid-up (as appropriate) due to non-payment of premiums. I / We now tender all outstanding premiums together with any overdue interest. (Please tick **ONLY ONE** of the 3 boxes below)

For all Policies

For Investment Link (RP) only

Basic policy only

Premium-paying rider(s) only (please specify name)

Basic policy & all attaching rider(s)

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> <b>Reinstatement of Cancer Waiver Rider</b> I declare that, to the best of my knowledge, I have not been diagnosed with any cancer (including any carcinoma-in-situ) and/or have not had symptoms of any cancer (including any carcinoma-in-situ) that existed or were existing, prior to and upon this <b>Reinstatement of Cover</b> .  I understand that if I have been diagnosed with any cancer (including any carcinoma-in-situ) and/or have had symptoms of any cancer (including any carcinoma-in-situ) that existed or were existing, such diagnosis and/or symptoms is/are a Pre-Existing Condition, which is excluded under this Rider.	Signature of Assured / Main Assured
<input type="checkbox"/> <b>Reinstatement of Cancer Waiver Rider</b> (applicable to joint life policies only) I declare that, to the best of my knowledge, I have not been diagnosed with any cancer (including any carcinoma-in-situ) and/or have not had symptoms of any cancer (including any carcinoma-in-situ) that existed or were existing, prior to and upon this <b>Reinstatement of Cover</b> .  I understand that if I have been diagnosed with any cancer (including any carcinoma-in-situ) and/or have had symptoms of any cancer (including any carcinoma-in-situ) that existed or were existing, such diagnosis and/or symptoms is/are a Pre-Existing Condition, which is excluded under this Rider.	Signature of Joint Assured
For joint life policies, the Cancer Waiver Riders on both life assureds must be reinstated together, unless one of the lives assured has passed away or has <b>Pre-Existing Condition</b> prior to and upon this <b>Reinstatement of Cover</b> .	

<input type="checkbox"/> <b>Reinstatement of TM Term Assure SIO</b> I declare that, to the best of my knowledge, I have never been diagnosed with cancer, heart disease or stroke, and in the last 5 years, I have not been diagnosed with or suffered from diabetes, or any medical condition affecting my brain, blood, lung(s), liver or kidney(s) for, which I am still under medical treatment; and  I declare that, to the best of my knowledge, in the last 12 months, I do not have or had, any symptom such as unexplained bleeding, unexplained weight loss of more than 10kg, lump or growth, blood in the stool, chest pain or weakness of limb(s), for which I am still under investigation or has not yet sought medical advice.	Signature of Assured / Main Assured
<b>For TM Term Assure SIO: No reinstatement is allowed if policy has lapsed for ≥ 1 year.</b>	





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Note : Please complete

- (a) PART I and III if the total Sum Assured of Basic and attaching Riders is ≤ S\$300K and policy lapsed ≤ 6 months.
(b) PART II and III if any one of the following conditions is satisfied:
(i) Total Sum Assured of Basic and attaching Riders is > S\$300K;
(ii) Total Sum Assured of Basic and attaching Riders is ≤ S\$300K and policy has lapsed > 6 months;
(iii) Reinstatement of automatic Paid-Up; OR
(iv) Reinstatement of Non-forfeiture Lapse.
(c) Part II and III for addition / change life assured for #goElite Secure plan.
No reinstatement is allowed if:
(a) policy / rider(s) has lapsed for ≥ 2 years (traditional policies) or ≥ 1 year (investment-linked policies).
(Tokio Marine Life Insurance Singapore Ltd. reserves the right to call for completion of PART II and / or medical requirements, if necessary. All costs for medical requirements shall be borne by you.)

PART II (PARTICULARS OF LIFE ASSURED / ASSURED / JOINT LIFE ASSURED)

Table with 4 columns: Question, Life Assured (Yes/No), Assured / Joint Life Assured (Yes/No). Contains 6 main questions regarding medical history and insurance proposals.

If any of the answers to Questions (1) - (6) is YES, please PROVIDE FULL DETAILS of diagnosis or condition, date of consultation, type & results of tests done, name & address of doctor seen. Kindly enclose Doctor's Consent Form if applicable. If insufficient space below, please attach a separate sheet.

Table with 3 columns: Q No, Life Assured, Assured / Joint Life Assured. Intended for providing details for 'Yes' answers to previous questions.





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**PART III (PARTICULARS OF LIFE ASSURED / ASSURED / JOINT LIFE ASSURED)**  
THIS SECTION IS TO BE COMPLETED FOR JUVENILE APPLICATION OR ADULT/ JOINT LIVES/ SINGLE/ THIRD PARTY LIFE APPLICATION

	Life Assured	Assured / Joint Life Assured
Please state your current height and weight.	Height : _____ cm Weight : _____ kg	Height : _____ cm Weight : _____ kg
Do you have a regular doctor? If yes, please provide the following details: (i) Name and Address of Clinic (ii) Date of last consultation (iii) Reason for consultation (iv) Results of consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Life Assured		Assured / Joint Life Assured	
	Yes	No	Yes	No
2. Have you ever had or been told or been treated for :				
a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression, dementia, Parkinson's Disease, Multiple Sclerosis or any other nervous / mental/brain disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. diabetes, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorders of ear, eye, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints / discomfort or any other lung disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury, Motor Neuron Disease or other Musculoskeletal disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. cancer, tumors, cyst or growths of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. anaemia, any 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or your spouse been told to have, received any medical advice, counseling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had HIV testing done (please state reason and results) or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been treated for alcoholism or drug habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you :				
a. any intention of engaging in aviation or aeronautics in any form other than as a fare-paying passenger on an established airline;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. any intention of entering into Naval, Aviation or Military Service or taking up any other hazardous business, occupation or sport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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If any of the answers to Questions (2) - (7) is YES, please PROVIDE FULL DETAILS BELOW. Where applicable, provide details of diagnosis or condition, date of consultation, type & results of tests done, name & address of doctor seen. Kindly enclose Doctor's Consent Form if applicable. If insufficient space below, please attach a separate sheet.

Q No	Life Assured	Assured / Joint Life Assured

	Life Assured		Assured / Joint Life Assured	
	Yes	No	Yes	No
8. Have you smoked during the past 12 months? If yes, for how many years and how much per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Years :				
Amount per day :				
9. Do you consume beer, wine, alcohol or other stimulants? If yes, please state quantity and frequency of consumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity :				
Frequency :				
10. Have you gone abroad other than for holidays during the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide full details: Purpose, Destination, Length of Stay and Frequency (per annum).				
11. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to Question (11) is YES, please provide the details below:

Relationship to Assured	Disease	Age At Onset	Age At Death* (if deceased)





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12. Female (only):			Assured / Joint Life Assured	
	Yes	No	Yes	No
a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you now pregnant? If yes, how many months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to Question (12) is YES, please PROVIDE FULL DETAILS BELOW. If necessary, please attach a separate sheet.

Q No	Life Assured	Assured / Joint Life Assured





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13. Annual Income (Assured): \$ _____					
14. Do you have any existing policy(ies)? If Yes, please provide details of your total existing insurance coverage (including proposals pending approval from other company(ies)).					
<b>Assured</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company	Sum Assured (\$)			Annual Premium (\$)	Year Issued
	Life	Total and Permanent Disability	Critical Illness		
<b>Life Assured / Joint-Life Assured</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company	Sum Assured (\$)			Annual Premium (\$)	Year Issued
	Life	Total and Permanent Disability	Critical Illness		





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15. Questions on Genetic Testing	Life Assured		Assured / Joint Life Assured	
	Yes	No	Yes	No
<p><b>Note:</b></p> <p>1. You are <u>not</u> required to disclose the result of any Genetic Test done in the context of biomedical research<sup>1</sup>. In the event of a disclosure of a Genetic Test result from biomedical research, we will not use the results for risk assessment.</p>				
<p><b>For Singapore Residents (Singapore Citizens / Permanent Residents / Residents on Valid Passes)</b> Please answer the following question(s) where applicable:</p>				
<p><b>If the total sum assured<sup>2</sup> of your Life or Total and Permanent Disability Cover exceeds S\$2,000,000.</b></p>				
a. Have you undergone a Predictive Genetic Test <sup>3</sup> for Huntington's Disease? If yes, please provide a copy of the result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If the total sum assured<sup>2</sup> of your Critical Illness Cover exceeds S\$500,000.</b></p>				
b. Have you undergone a Predictive Genetic Test <sup>3</sup> for Huntington's Disease or Breast Cancer (BRCA1 or BRCA2)? If yes, please provide a copy of the result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>For Non-Singapore Residents</b> Please answer the following question:</p>				
c. Have you undergone any Genetic Test? If yes, please provide a copy of the result(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>Biomedical research refers to any systematic investigation with the intention of developing or contributing to eneralizable knowledge, regardless of where or when the research was conducted or the nature of the research.

<sup>2</sup>Total Sum Assured includes your new application, concurrent or pending application(s) and all existing policies with Tokio Marine Life Insurance Singapore Ltd and any other insurance company/companies in Singapore.

<sup>3</sup>Predictive Genetic Test predicts a future risk of disease in individuals without symptoms or signs of a genetic disorder.







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**PART III (DECLARATION AND AUTHORISATION)**

I / We declare that:

- (a) to the best of my / our knowledge and belief the information given by me / us to Tokio Marine Life Insurance Singapore Ltd. ("the Company") or its Medical Examiner is true and complete and that no material facts i.e. facts likely to influence the assessment and acceptance of this proposal have been withheld; and
- (b) I / We am / are not an undischarged bankrupt and I / we have committed no act of bankruptcy within the last twelve months.

I / We, the Life Assured and Assured / Joint Life Assured, authorise :

- (a) any medical source, insurance office, or organisation, or the Life Insurance Association's medical register to release to the Company; and
- (b) the Company to release to any medical source, insurance office, or organisation, or the Life Insurance Association's medical register, any relevant information concerning me / ourselves, at any time, irrespective of whether this application is accepted by the Company. A photocopy of this authorisation shall be as valid as the original.

**I/We understand and agree that:**

- (a) payment of premium before acceptance of this application by the Company does not commit the Company to effect this application I / we have applied for and it shall not take effect unless and until this application has been fully accepted and the premium has been paid during my life / our lives and good health;
- (b) if my / our premium is to be used to purchase units in the selected Unit Account, the Company will use the Offer Price at the next valuation date immediately following (i) the acceptance of my application, or (ii) the receipt of my premiums, whichever is later.
- (c) Tokio Marine Life Insurance Singapore Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;
- (d) where the Company becomes aware that I/We, the Life Assured or **any person or entity connected with the Policy/relevant Policy** (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final and;
- (e) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons;

I / We agree to inform the Company if there is any change in the state of my / our health, occupation or activity between the date of this application or medical examination and the acceptance date of my application. On receiving this information, the Company is entitled to accept or reject my application.

**Declaration of Assured(s) (if other than Life Assured)**

I / We, the Assured(s), (where the Assured is other than the Life Assured / Joint Life Assured) declare that I / we know of no reason involving the health, habits or pursuits of the Life Assured that might cause the Life Assured to be ineligible for assurance or acceptable at other than normal terms. I / We agree to inform the Company if there is any change in the state of health, occupation or activity of the Life Assured / Joint Life Assured between the date of this application or medical examination and the acceptance date of this application. On receiving this information, the Company is entitled to accept or reject my / our application. I / We agree that this application shall form the basis of the contract between me and the Company.

**If a material fact is not disclosed in this application, any assurance / reinstatement / changes applied for and effected 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 your adviser but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application.**

**Personal Data Notice**

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available [www.tokiomarine.com](http://www.tokiomarine.com) which I / we have read, understood and agreed to the same.

Dated at \*Singapore / Brunei

Signature of Life<sup>#</sup> Assured

Signature of Assured / Joint life Assured (If other than Life Assured)

# Only Life Assured Age On Next Birthday 19 and above is required to sign

TMLS Adviser's Code No.

Name of Adviser

Unit / FA firms / Bank

