



Policy No :	
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SUPPLEMENTARY PROPOSAL FORM
(FOR CHANGE IN PLAN & REINSTATEMENT OF CIMB TERM PROTECT PLUS)

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.

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

Name of Assured / Life Assured (please underline Surname) :	NRIC / Passport No. :
Occupation and Exact Nature of Work:	

Kindly select ONE or MORE of the following options:

- Reinstatement of Policy**
Note : Please complete PART I and II of the Form
No reinstatement is allowed if:
- Policy / rider(s) has lapsed for ≥ 1 Month.
- Any of the health declarations on Part I of the form is “Yes”.

- Change In Plan**

Existing Plan (e.g. Plan 1,2,3)	Change to (e.g. Plan 1,2,3)

NOTE:

- For Change in Plan from **lower to higher benefit** (e.g. from Plan 1 to Plan 2), please complete **PART I and II** of the form. Change of plan request will be decline if any of the health declarations on Part I of the form is “Yes”.
- For Change in Plan from **higher to lower benefit** (e.g. from Plan 2 to Plan 1), **PART I is NOT APPLICABLE**. Plans details as follow:

Basic Benefits	Plan 1	Plan 2	Plan 3
	Sum Assured		
Death Benefit / Terminal Illness benefit / Total and Permanent Disability Benefit / Critical Illness Benefit Sum	SGD 10,000	SGD 20,000	SGD 50,000
Accidental Death Benefit	2 times of sum assured	2 times of sum assured	2 times of sum assured
ADL Disability Benefit	20% of Sum Assured	20% of Sum Assured	20% of Sum Assured





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PART I HEALTH DECLARATION

Health Declaration		Life Assured	
1	Have you ever had any symptoms of, consulted a doctor for, or been diagnosed with (i) heart diseases, heart valve disorders (ii) stroke, transient ischaemic attack (iii) cancer, carcinoma in situ (abnormal cells which have not spread or required removal), tumour, lump (iv) diabetes (v) liver disease including hepatitis (vi) nephritis, nephrotic syndrome or chronic kidney disease (vii) loss of hearing/vision (other than vision corrected by prescription lens), (viii) physical disability or (ix) AIDS or been infected with HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have you ever been declined, deferred or offered with restricted benefits or additional premiums in any of your previous or existing life, critical illness, accident or health insurance applications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you ever been hospitalized in the last 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART II 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;





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DECLARATION AND AUTHORISATION (Continue)

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 which I / we have read, understood and agreed to the same.

Date (DD/MM/YYYY): _____

Signature of Assured / Life Assured

TMLS Adviser's Code No.	Name of Adviser	Unit / FA firms / Bank

