



Policy No :

SUPPLEMENTARY PROPOSAL FORM (TM PROTECT CANCER)

WARNING : PURSUANT TO 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.

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 :

Note : No reinstatement is allowed if:

- (a) policy / rider(s) has lapsed for ≥ 2 years (traditional policies) OR
- (b) policy is ≤ 6 months to maturity / expiry date.

(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 I

Questionnaire On Life Assured	
	Life Assured
1. Have you ever had, or been told that you have, or are under current investigation for cancer, tumour, or carcinoma in situ of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have 2 or more of your immediate family members (i.e. natural parents or siblings) who had been diagnosed with cancer before the age of 60 or 1 or more family members who has been diagnosed with breast cancer before age 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: IF YOU HAVE ANSWERED YES TO QUESTION 1 OR 2, WE REGRET TO INFORM YOU THAT WE ARE <u>UNABLE</u> TO ACCEPT YOUR REINSTATEMENT APPLICATION	



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3. Have you smoked during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you have any of these symptoms in last 3 months for more than 1 week continuously ; fatigue; Unexplained weight loss, enlarged lymph nodes or unusual skin lesion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had or been advised to have any operation, test or treatment* or have been hospitalized for 7 days or more within the past 12 months? * Treatment for the following condition can be ignored : common cold or flu, uncomplicated pregnancy and caesarian section, contraception, high blood pressure, high cholesterol, diabetes, inoculation or injuries from which you have fully recovered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had or are under current investigation for cyst or growth of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any of your proposal for or reinstatement of life, Health or Critical Illness Insurance ever been declined, postponed or accepted on special terms with us or with other insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>NOTE : If you answered Yes to any of the questions from 4 to 7, please PROVIDE FULL DETAILS below. Where applicable, provide</p> <ul style="list-style-type: none"> o Name of condition and date of diagnosis, o Name and address of doctor/hospital consulted, o Date and type of tests done e.g. X-Ray, ultrasound, CT scan, biopsy, endoscopy, blood or urine test, o Results of tests done e.g, normal or abnormal, cancerous or non-cancerous, o Copy of above test(s) result(s), o Doctor's advice and details of treatment e.g, name of medication or surgery received, and o Date and outcome of last follow up e.g, if fully recovered and discharged or still on review. 	





PART II (DECLARATION)

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 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.

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.

DECLARATION & AUTHORISATION

I/We understand and agree that:

- (a) 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;
- (b) 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;
- (c) 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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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.

Dated at *Singapore / Brunei

Day	Month	Year

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Signature of Assured / Assignee / Trustee(s)

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Signature of Life# Assured

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

Only Life Assured Age On Next Birthday 17 and above is required to sign

