

## Application for Loss of Licence Insurance

Statement under section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it).

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may not be valid.

Personal Details		
Name(as shown in NRIC)	Nationality	
Identity Card/Passport No.	Date of Birth	Sex
Address		
Home Contact No.	Mobile No.	
Email	Country of Residence	

Employment & Licence Details	
Employer	Date employment commence
Rank	Licence No
Licence Issuing Authority	Licence Validity Period From _____ to _____
Have you ever been grounded or had a licence invalidated for medical reasons? Yes/No (if Yes, indicate below when grounded, reason & when cleared by CAAS)	Has any limitation ever been endorsed on any of your licences? Yes/No

Details of Insurance	
Period of Insurance 1 year	Annual Premium Amount:

How you will pay your premium	
<input type="checkbox"/> By Cheque	Bank & Cheque Number : (Payable to "NTUC Income")
<input type="checkbox"/> By Credit Card	Credit Card Number: Expiry Date : _____ : _____ Type : <input type="checkbox"/> VISA <input type="checkbox"/> Master  Payment frequency : <input type="checkbox"/> One-time only <input type="checkbox"/> Yearly Recurring* (*Yearly Recurring means we will take premium from the chosen credit-card account on a yearly basis)  Name of Cardholder : _____  Relationship to Proposer: <input type="checkbox"/> Self <input type="checkbox"/> Others (please state) _____  Cardholder's Signature : _____  Date : _____

### Health Questionnaire

a. Have you ever suffered from any conditions or illnesses which necessitated hospital attendance, admission, diagnosis or treatment for the past 5 years?	Yes / No
b. Are you aware of any deterioration in your general health, eyesight or blood pressure?	Yes / No
c. Have you or either of your natural parents been investigated, diagnosed or treated for:	Yes / No
1. any psychiatric or nervous disorder (including migraine), epilepsy or any other form of convulsion or loss of consciousness?	Yes / No
2. any heart, blood pressure, stroke, circulatory or respiratory disorder?	Yes / No
3. any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system?	Yes / No
4. any disorder of the blood or lymphatic system?	Yes / No
5. any condition affecting bones and/or joints, incl. spinal conditions?	Yes / No
6. any disorder of the skin?	Yes / No
7. diabetes?	Yes / No
d. Have you ever had an HIV/AIDS test or been personally counselled or medically advised in connection with AIDS or any sexually transmitted disease?	Yes / No

### Other Insurance

In respect of any medical, life, personal accident or Loss of Licence insurance has any Insurance Company:-	
1. declined or deferred a proposal from you?	Yes / No
2. charged or quoted more than standard rates?	Yes / No
3. imposed an exclusion or waiver on your insurance cover?	Yes / No
4. cancelled or declined to renew your insurance?	Yes / No

### Additional Information

If you have answered “yes” to any of the above questions, please give full details including dates, name of doctor/hospital/insurer, reasons, descriptions. diagnosis, treatment, still on follow-up or fully recovered/cured etc and attach medical reports, if available. Please include the respective sections/question number(s) for your answer.

### Personal Data Collection Statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

**1. Purpose of collection**

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (f) provide financial advice for product recommendation based on your financial needs analysis;
- (g) provide ongoing services and respond to your inquiries or instructions;
- (h) make or obtain payments;
- (i) investigate and settle claims;
- (j) recover any debt owed to us;
- (k) detect and prevent fraud, unlawful or improper activities;
- (l) conduct research and statistical analysis;
- (m) coach employees and monitor for quality assurance;
- (n) reinsure risks and for reinsurance administration;
- (o) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

**2. Disclosure of personal data**

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your insurance agents; insurance brokers or association;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

**3. Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**4. Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

**5. Consent to receive marketing materials**

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call       Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or [DPO@income.com.sg](mailto:DPO@income.com.sg). Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

### Declaration

I declare that to the best of my knowledge and belief the answers given, whether in my handwriting or not, to the questions contained in the Application are true and complete. I agree that this Application and Declaration shall form the basis of the contract between me and Income should my Application be approved.

I also confirm that :

- I hold a valid Class One (1) medical certificate forming part of the Pilot's Licence(s) specified in Employment & Licence Details.
- At the date of this Application I am actively working, or am medically cleared for work in the capacity for which I hold the Licence(s) specified in Employment & Licence Details.

I acknowledge and understand that my insurance cover will become effective on the date notified by Income following the approval of my Application, provided that I am actively working or am medically cleared for work on that date. If I am not actively working or medically cleared for work on that date, this insurance will not become effective until I return to work or become medically cleared for work.

I confirm that I understand and agree to the 'Personal data collection statement'.

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

Signature of Proposer :

Date :

Name of Proposer :

Income reserves the right to ask for additional information, refuse to accept an Application for insurance, or to impose special conditions. Income's liability does not commence until this Application has been accepted by them and the premium paid.