

# Health Declaration Form

**WARNING:**

PURSUANT TO SECTION 25 (5) OF THE INSURANCE ACT OF SINGAPORE (CAP 142), YOU ARE TO DISCLOSE IN THIS FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OR THE POLICY ISSUED BELOW MAY BE VOID.

Policy No.								Plan Name	
Policy Owner (if other than Life Assured)								Life Assured	

I /We, the Assured/ Trustee/ Assignee, hereby make the application(s) as indicated below subject to the relevant terms and conditions of the above policy as follows:  
(Please tick the option(s) and complete the tables below)

1  reinstate the basic policy & supplementary benefits, if any, which has lapsed on

change the occupation as described below with effect from

change sum assured or plan of the basic policy & supplementary benefits as indicated in the Request for change form dated

others, please specify:

**Residency questions** (please tick one of the following which applies to you)

**Singapore Citizens**  
You are a citizen of Singapore and are currently residing in Singapore

**Singapore Permanent Resident & Employment Pass/Work Permit Holders**  
You are a permanent resident or a holder of a valid Employment Pass/Work Permit **and** you have resided in Singapore for 183 days or more in the preceding 12 months.

**Immigration pass/ permit holders (eg. Dependant Pass/Long Term Visit Pass)**  
You are a holder of a pass or permit required under the Immigration Act (Cap.133) that has a duration longer than 90 days and you have resided in Singapore continuously for at least 90 days in the preceding 12 months

**None of the above scenario applies**  
(Please provide details below and the relevant documents evidencing your residency in Singapore)

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	LIFE ASSURED	POLICY OWNER	Life Assured (with spouse benefit)
Height and weight			
State exact nature of ALL occupations (Full time & part time)			
Name and address of employer			
Annual Income (for both Life Assured & Policy Owner)			

Note:

- The form is to be completed by the life assured.
- If the entry age of the life assured is below age 16, the policy owner or the assignee needs to complete the form on behalf of the life assured.
- If this is a third party policy and there is an attaching payor benefit or supplementary benefit on the policy owner's life, the policy owner is also required to complete the form for the purpose of underwriting the payor benefit or supplementary benefit.

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	Life assured		Policy owner		Life assured (with spouse benefit)		If yes, please give details
	Yes	No	Yes	No	Yes	No	
1. Are you in good health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Any intention to take part in an aerial flight other than as a fare-paying passenger with a commercial airline?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Do you engage or intend to engage in any business, sport or occupation of a hazardous nature?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Have you undergone or are you expecting to undergo any surgical operation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Note:

If there is insufficient space to respond to any question, please attach a signed statement



**4 Declaration of existing policies**

Do you have any insurance policy(ies)? (with this or any other office)  Yes  No  
 If yes, please provide full details

Company	Policy No.	Type of Policy	Sum Assured	Year of Issue

\*Please delete where applicable.

**5 Declaration and Authorisation**

I, the undersigned life assured (and policy owner, if applicable),

1.1 declare that since the date of the application of this policy, or, if applicable, date of lapsation, I (we) have not suffered any illness, bodily injury or physical impairment or sought medical treatment or advice of any kind of which I (we) have not already made known to Zurich Life Insurance (Singapore) Pte. Ltd. ("Zurich Life")

1.2 agree and authorise any medical source, insurance office, or organisation to release to Zurich Life; and Zurich Life to release any medical source, insurance office, any relevant information concerning me (us) at any time, for the purpose of considering this application as stated on page 1 of this form.

2. We, the life assured and policy owner,

2.1 agree that in the event that the life assured (and the policy owner, if applicable) shall die by his own act, whether sane or insane within 12 months from the date of this application, or if I (we) have omitted any material information, the policy may be void.

2.2 declare that we are not undischarged bankrupt(s) and no proceedings in bankruptcy have been instituted by any person against us.

2.3 agree that the above statements and declarations are true, correct and complete and the company believing them to be such, shall rely and act upon them.

2.4 agree that reinstatement (if applicable) is subject to Zurich Life's assessment and shall not be effective until this application is approved by Zurich Life and all outstanding premiums paid.

If a material fact is not disclosed in this form, any policy issued/reinstated may be void. If you are in doubt whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the financial adviser representative but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this form before signing.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY			

Signature of policy owner or trustee or assignee*

Signature of life assured

Signature of life assured (with spouse benefit)

NRIC No.

NRIC No.

NRIC No.