Sompo Insurance Singapore Pte. Ltd.
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Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Supplementary to Group Mediwell Classic Proposal Form (Applicable for Singapore Citizen and/or Singapore Permanent Resident Only)

Intermediary's Name / Code: _____
Kindly Complete Fully In Block Letters and Ink

Name of Applicant / Company: _____

I. Participation

The insurer would assume that participation of the group insurance program is on compulsory basis, unless otherwise indicated with a tick (✓) here below under 'Participation – Voluntary'.

	Participation	
	Compulsory	**Voluntary**
• **Group Hospital & Surgical insurance for employees only**	☐	☐

Note
Voluntary: *Participation is voluntary if employees are given the choice to opt for the cover(s).*

II. Group Hospital & Surgical Insurance

a) Basis of Coverage

Category of Employees / Occupation	**No. of Employees**	**Currently with TMIS? Yes / No**	**Proposal with TMIS? Yes / No**
i)			
ii)			
iii)			
iv)			

b) Claims Experience for the past 3 years

Period of Coverage From / To (dd/mm/yyyy)	**Number of Insured as at** (dd/mm/yyyy)	**Paid Claims**		**Outstanding Claims**	
		Number	Amount	Number	Amount

The insurer reserves the right to request for more information.

c) Kindly attach a copy of the Schedule of Benefits (if currently insured).

III. Needs Analysis & Product Recommendation

Please tick (✓) the appropriate box to indicate the priority of your company's needs:

Company's Priorities	Low	Med	High	Advisor's Recommendation
Cover for Outpatient Medical Expenses	☐	☐	☐	_____
Cover for Hospitals & Surgical Expenses	☐	☐	☐	_____
Cover for Dental Expenses	☐	☐	☐	_____
Cover for Major Illnesses (e.g. cancer, kidney failure, etc.)	☐	☐	☐	_____
Cover for Loss of Income due to Sickness or Accident	☐	☐	☐	_____
Cover for Long Term Medical Treatment	☐	☐	☐	_____

Others: _____

DECLARATION

I/We hereby declare that, to the best of my/our knowledge and beliefs, the information given here is true, accurate and complete, and agree that if a contract of insurance is effected, all information submitted in connection with this application shall form the basis of such contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo").

I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at www.sompo.com.sg

_____ _____

Company Stamp and/or Signature of Applicant Date

Name of Authorised Signatory:

Designation:

I/We hereby and acknowledge that I/We have reviewed this Group Insurance Fact-Finding Form with the authorized officer of the Company, and that I/We have explained all the requirements of this Fact-Finding Form to him/her.

_____ _____

Signature of Insurance Representative Date

Name:

Designation:

Company Stamp (if applicable):