

## Group Mediwell Classic Proposal Form

### Important Notice

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company
  - a) before the inception date where the Policy is issued to an Individual; or
  - b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

Intermediary's Name & Code: \_\_\_\_\_

### 1. General Information

- a) Name of Applicant/Company: \_\_\_\_\_
- b) Address of Company: \_\_\_\_\_  
 \_\_\_\_\_
- c) ROC: \_\_\_\_\_ c) Tel: \_\_\_\_\_ Fax: \_\_\_\_\_
- d) Email: \_\_\_\_\_
- e) Principal Activity of Business: \_\_\_\_\_
- f) Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_  
 (dd/mm/yyyy) (dd/mm/yyyy)
- g) Presently insured under other medical, hospitalization, accident or life insurance?  Yes  No  
 If "Yes", Name of current insurer: \_\_\_\_\_  
 Type of Policy /Name of Plan: \_\_\_\_\_  
 Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_  
 (dd/mm/yyyy) (dd/mm/yyyy)
- h) Total Number of Employees: \_\_\_\_\_ Number of Employees to be Insured: \_\_\_\_\_

### 2. Group Hospital & Surgical Insurance Details

#### Details of Insured Members – Employees

S/N	Name of Person to Be Insured	Work Permit / S Pass No. /S'pore Nric <i>Please complete GIFF form if insuring S'poreans &amp;/or PRs</i>	Gender	Date of Birth	Occupation	Plan Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

*If more space is required, please write on a separate sheet of paper and attach herewith. Alternatively, please attach an Excel spreadsheet providing the same information.*

### 3. Insurance History

a) Has any Accident or Health policy covering your company ever been cancelled or renewal refused?

Yes  No

If "Yes", give details

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b) Has any proposal or application made by your company for a Life, Accident or Health policy insurance ever been declined, postponed or accepted other than normal terms?

Yes  No

If "Yes", give details.

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### DECLARATION

I/We hereby declare to the best of my/our knowledge and belief that all the employees listed are in good health and free from physical defects or infirmity and that the statements and answers given in this enrolment form and health declarations are true, accurate and complete and that I/We have not withheld any information or material facts that may influence the assessment and acceptance of this insurance. I/We understand that any misstatement of fact, whether by commission or omission may be grounds for the Sompo Insurance Singapore Pte. Ltd. ("Sompo") in its absolute and sole discretion to decline to pay any benefit which might otherwise have been payable.

I/We agree that if a contract of insurance is effected, all information submitted in connection with this application, including the proposal and health declaration forms completed by the respective insured persons, shall form the basis if such contract between me/us and Sompo and shall be deemed to be incorporated in such contract. I/We understand that this insurance if accepted will be an annual contract renewable at the discretion of 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](http://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](http://www.sompo.com.sg)

\_\_\_\_\_  
Company Stamp and/or Signature of Applicant  
Name of Authorised Signatory:  
Designation:

\_\_\_\_\_  
Date

I/We declare and acknowledge that I/We have reviewed this Group Hospital & Surgical Insurance application with the authorized officer of the Company, and that I/We have explained all requirements of this application form to him/her.

\_\_\_\_\_  
Signature of Insurance Representative  
Name:  
Designation:  
Company Stamp (if applicable):

\_\_\_\_\_  
Date