

## APPLICATION TERMS AND PROCEDURE

1. Each applicant must fill up a separate form
2. All particulars must be written in **FULL** and **BLOCK** letters.
3. Insurance inception will be automatically renewed on 1 October of each policy year, until the age of 54.
4. Insurance inception is for the entire policy year, 1 Oct to 30 Sep the following year or part thereof. In the event of a premature termination during the policy year, AVIVA reserves the right to impose short period premium rate as specified in the group policy contract.

## PAYMENT OF MONTHLY PREMIUM

1. Monthly premiums will have to be paid by GIRO. **You are, therefore, required to complete the GIRO application form; otherwise, insurance cannot be effected.**
2. **For SAF Regulars**, the first 3 months' premium will be deducted from your salary. This duly signed application shall serve as an authorisation for SAF or its approved agency to deduct.
3. **For Others**, you are required to submit a cheque for 3 months' advance premium together with this application form. Your cheque should be made payable to 'AVIVA LTD' with your **NRIC** number, your **name** and **telephone number** on its reverse.
4. **For spouse**, the premium will be deducted from the insured serviceman's payroll or bank GIRO account.
5. Submission of this application and/or cheque does not constitute an acceptance for insurance. An insurance certificate will be issued to you once your application is underwritten and approved.
6. If you are currently insured and paying by Bank GIRO, you need not submit the GIRO form.

## ENQUIRY

For enquiry please contact us at:

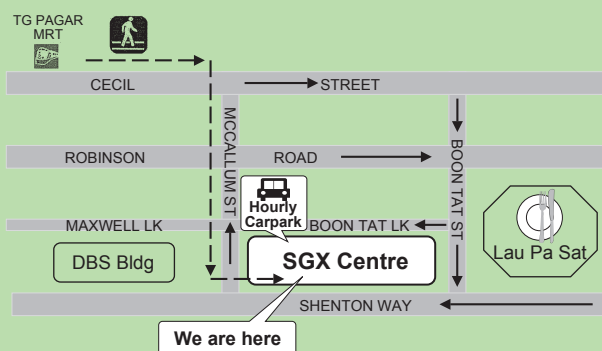
**SAF Insurance Infoline:**  
**6827 8000**

(working days, Mon to Fri from 8.45am to 5.30pm)

**Email:**  
**saf\_insurance@aviva-asia.com**

**Fax: 6321 7881**

You may visit our Customer Service Hall at  
SGX Centre 2, #01-01, 4 Shenton Way.



This Insurance Scheme is underwritten by :



**AVIVA LTD**

4 Shenton Way #01-01, SGX Centre 2, Singapore 068807  
Tel : 6827 7988  
www.aviva-singapore.com.sg  
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

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This brochure is designed to give only an overview of the benefits under the GROUP DISABILITY INCOME INSURANCE. The detailed terms and conditions of the scheme are contained in the Group Policy Contract No. 2000019-04



## APPLICATION FORM

**GROUP  
DISABILITY  
INCOME  
INSURANCE**

**SAF Personnel Services Centre,**  
Manpower Policy Dept, MINDEF

## GROUP DISABILITY INCOME INSURANCE – APPLICATION

### GROUP POLICY No. 2000019 - 04

PURSUANT TO THE INSURANCE ACT, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED HEREUNDER MAY BE VOID.

**A. Status of Applicant** *(Tick ✓ where appropriate)*  
**Serviceman :**

- SAF Regular       Ops Ready NSman  
 Full-time NSman     Public Officer in MINDEF  
 MINDEF DXO  
 Insured member  
**Dependant :**  Spouse

**B. Particulars of Applicant**

NRIC/Birth Certificate No.  Date of Birth

Name

Address

Telephone (Office)  (Handphone)

Email

**C. If the applicant is a spouse, please complete this.**

NRIC No of Insured Serviceman as defined in Part A.

**D. Sum Assured**

The Sum Assured is based on 12 times 50% of the monthly salary which comprise of the following components.:

- a. Rank Pay;
- b. Basic Pay supplementary;
- c. Monthly Variable Component;
- d. Non-Pensionable Variable Component

You will have to submit a copy of your latest pay slip together with this application and complete the Health Questionnaire in Part E.

**E. Health Questionnaire** To be completed as a condition of granting insurance. Based on the Sum Assured, AVIVA LTD may also require you to undergo certain specialist examination and the expense will have to be borne by you. You will be notified of this additional requirement.

Non-Smoker /  Smoker  
 No. of Years :  No. of Cigarettes per day:   
 Sex :  F/M Height  m Weight  kg

If unsure, please declare everything.		Yes	No
1.	Are you now receiving, received or planning to receive any advice, counselling, surgical or medical treatment or have you in the last 5 years undergone any surgical operation, consulted any doctor for any tests or being confined or treated in a hospital?		
2.	Have you ever undergone a HIV Antibody Test within the last two years or do you engage in activities which will increase the likelihood of exposure to such immunity disorder ? If YES, please furnish the reasons, date and result of the test.		
<b>3. Have you ever suffered from:</b>			
a	Cancer, Diabetes, Eye Disorder, Fits, Blood Disorder, Heart Disease, High Blood Pressure, Gout, Lung Disorder, Mental Disorder, Asthma, Gastric Ulcer, Liver or Kidney Disorder, Hepatitis B, Arthritis, Slipped Disc, Thyroid, Nose Disease or any other serious illness ?		
b	Sexually transmitted disease such as syphilis, gonorrhoea or non-specific urethritis, positive HIV test and AIDS?		
c	Gynaecological disorders such as fibroids, endometriosis, ovarian growth, irregular menstrual bleeding etc?		
d	Congenital anomalies, genetic disorder, physical defects or any other illness, disease or injury not mentioned above?		
4.	Have you ever had your health or life insurance application rejected or accepted on special terms by another company ?		

If you have answered 'yes' to any questions from serial 1 to 4, please provide the description of the condition and/or a copy of the medical report, X-ray report or blood test result.

5.	Are you currently insured by Aviva Ltd? If YES, please indicate the type of policy and insured amount.		
6.	Do you engage in any activity of occupation which may be considered hazardous e.g. private flying, scuba/skin diving, motor racing, etc ? (SAF occupations and training are exempted)		
7.	If your application is approved on special term, are you prepared to accept?		

**Declaration**

I declare that the information given above is true and complete. I agree that this application shall be the basis of the contract of insurance to be issued under the said Group Insurance Policy. I understand that the Insurance shall not become effective until it is accepted and confirmed in writing by AVIVA LTD.

I agree to inform AVIVA LTD if there is any change in the state of my health or my activities between the date of this Health Declaration and the date full insurance coverage is provided by AVIVA LTD to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I consent to AVIVA LTD seeking information from my doctor who has attended to me or from other insurance company to which I have at any time made a proposal for insurance and I authorize the giving of such information. I further authorize Aviva Ltd to give such information obtained or information contained herein for the purpose of obtaining insurance cover under the said Group Policy to the insurance intermediary / administrator of the said Group Insurance Policy.

For SAF Regulars, by signing the application form, I consent to SAF or its appointed agency to release my personal particulars and bank information to AVIVA LTD to update my insurance record. I also consent to SAF or its appointed administrator to deduct the monthly premium from my monthly SAF salary or allowance for payment of such group insurance schemes until such time a GIRO account is ready.

Signature of Applicant

Date