FWD insurance

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Application for policy change form

(With health declaration form)

For the following change requests
A. Policy reinstatement/others
B. Increase sum insured of basic plan/rider(s)/supplementary benefit(s)
C. Add rider(s)/supplementary benefit(s)

Warning
In accordance with Section 25(5) of the Insurance Act (Cap.142), you are to disclose in this application for policy change form fully and faithfully all facts which you know or ought to know, otherwise the policy may be void and you may receive nothing from this policy.

Particulars of persons insured and policy owner/trustee/assignee

Name of person insured	
NRIC/FIN/Passport number	
Policyowner/Trustee/Assignee (if different from insured)	
NRIC/FIN/Passport/Entity registration number	
Name of trustee (if any)	
NRIC/FIN/Passport number	

Policy number(s)

Note: Changes will be applied to all policies stated in the boxes below

Part I: Change request

A. Policy reinstatement/others

☐ Reinstatement

☐ Re-declaration of medical condition(s)

☐ Others, please specify

B. Increase sum insured of basic plan/rider/supplementary benefit(s)

Increase sum insured of basic plan/rider/supplementary benefit(s) of the above policy(ies)

Basic plan/rider/supplementary benefit - please write in full	New sum insured ($)

Note: The change will be effected from the next premium due date

C. Add rider/supplementary benefit(s)

Add the following supplementary benefit(s) to the above policy(eis)

Rider/supplementary benefit - please write in full	New sum insured ($)

D. Declaration on U.S. person status

☐ I/We hereby declare and agree that i am/we are not a “U.S. person” for U.S federal tax purposes and that i am/we are not acting for, or on behalf of a U.S. person. I/We understand that FWD Singapore, believing this statement to be true, will rely on it and act on it. in the event this statement is false, FWD Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compesation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

I/We agree to notify FWD Singapore within 30 days of any change in my/our status as a U.S. person for purposes of U.S federal income tax. I/We agree to indemnify FWD Singapore in respect of any false or misleading information regarding my/our “U.S. person” status for U.S. federal income tax purposes.

☐ I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes.

I/We agree to notify FWD Singapore within 30 days of any change in my/our status as a U.S. person for purposes of U.S federal income tax. I/We agree to indemnify FWD Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

Note: Please submit W-9 form to us.

(a) A citizen or lawful permanent resident (including US green card holder) of the US; or

(b) A partnership or corporation organised in the US or under the laws of the US or any State thereof, or a trust if: (i) a court within the US would have authority under the applicable law to render orders or judgments concerning substantially all issues regarding the administration of the trust; and (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

The definitions above are to be interpreted in accordance with the provisions of the US Internal Revenue Code.

Health Questions (for Person Insured)

Note: You need to fill up this section if you're exercising "life events increase option". Please refer to you policy contract for more details.

What is your height in cm?

What is your weight in kg?

Please tick "Yes" or "No".	Yes	No
Have you ever had or received medical advice or treatment for		
Cancer or carcinoma in-situ	☐	☐
Coronary artery disease, heart valve condition or any other heart condition	☐	☐
Diabetes or elevated blood sugar	☐	☐
Hepatitis B or hepatitis C, liver fibrosis or cirrhosis	☐	☐
Chronic obstructive pulmonary disease (COPD)	☐	☐
Nephritis, nephrotic syndrome or chronic kidney disease	☐	☐

Stroke or transient ischaemic attack (TIA)	☐	☐
Loss of hearing, loss of vision (other than vision corrected by prescription lens)	☐	☐
None of these	☐	☐

In the last 5 years, have you had or received medical advice or treatment for

High blood pressure or high cholesterol	☐	☐
Asthma, bronchitis, tuberculosis (TB) or sleep apnoea	☐	☐
Epilepsy, anxiety, depression or any other mental condition	☐	☐
Stomach ulcer, pancreatitis, bowel polyp or elevated liver function	☐	☐
Hyperthyroidism, hypothyroidism or goiter	☐	☐
Muscles, connective tissue, bones, joints, spine or chronic skin condition	☐	☐

For male applicant

Prostate gland enlargement, prostatic hyperplasia or elevated PSA (prostate specific antigen)	☐	☐

For female applicant:

Breast lumps including cysts, fibroadenoma, papilloma Ovarian cyst, endometriosis, uterine fibroid (myoma) or excessive menstrual bleeding	☐	☐
None of the above	☐	☐

Aside from what you've already told us, in the last 2 years have you had any other condition(s) which has resulted in

Being hospitalised for 3 days or more	☐	☐
Repeated consultation or follow-up with a doctor, specialist or hospital	☐	☐
Continous medication or treatment for 14 days or more	☐	☐
None of the above	☐	☐

Aside from what you've already told us, are you currently

Planning or been advised to consult a doctor (aside from routine health check)	☐	☐
Undergoing or awaiting investigations, follow-up or treatment including surgery	☐	☐
None of these	☐	☐

In the past 12 months, have you engaged in any of the following extreme sports?
(You do not need to tell us about one off activities if you are not planning to do it again in the next 12 months)

Scuba diving deeper than 40 metres, cave or wreck diving	☐	☐
Private flying exceeding 80 hours per year (including hang-gliding, paragliding)	☐	☐
Mountain climbing over 4,000 metres in altitude	☐	☐
Motor sports	☐	☐
Competitive boxing	☐	☐
Base jumping or cliff diving	☐	☐
None of these	☐	☐

If you are applying for Critical Illness product, please also answer the following additional 2 questions below

In the last 3 months, have you had any of the following symptoms

Chest pain or shortness of breath	☐	☐
Unexplained weight loss of 5kg or more (not due to diet or exercise)	☐	☐
Abnormal lump or swelling (including a growth which has changed in size or appearance)	☐	☐
Bleeding from the bowels or change in bowel habits, lasting 4 weeks or more	☐	☐
Persistent coughing or blood in spit, lasting 14 days or more	☐	☐
None of these	☐	☐

Of your natural parents, brothers and sisters, have

Any of them been diagnosed before age 60 with

Alzheimer's disease	☐	☐
Parkinson's disease	☐	☐
Motor neuron disease	☐	☐
Muscular dystrophy disease	☐	☐
Multiple sclerosis	☐	☐
Polycystic kidney disease	☐	☐
None of these	☐	☐

For male applicant

2 or more of them been diagnosed before age 50 with the same condition of

Coronary artery disease or heart attack	☐	☐
Cancer of the colon or rectum	☐	☐
None of these	☐	☐

For female applicant

2 or more of them been diagnosed before age 50 with the same condition of

Coronary artery disease or heart attack	☐	☐
Cancer of the breast	☐	☐
Cancer of the ovaries	☐	☐
Cancer of the colon or rectum	☐	☐
None of these	☐	☐

For each health question you have answered 'Yes' to, please indicate the question followed by the details of your medical advice or treatment.

Declaration and authorisation

1. I/We hereby request that the policy(ies) stated in this form be changed in accordance with above declaration.

2. I/We understand and agree that no change as submitted in this form is received and the change is accepted by FWD Singapore Pte. Ltd. (”FWD Singapore”).

3. I/We understand and agree that this application for policy change shall not be considered as affected by reason of any money paid or settlement made in payment of, until this form has been duly approved by the authorised officer of FWD Singapore.

4. I/We confrim that the above answers are true and complete and agree that they form part of any policy issued, reinstated or amended, where these answers are, or may be, relied upon by FWD Singapore

5. I/We understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap. 53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.

6. For Increase Sum Insured of Basic Plan/Rider(s)/Supplementary Benefit(s), Add Rider(s)/Supplementary Benefit(s), I/We have received a copy of (1) Policy Illustration, (2) Product Summary, (3) "Your Guide to Life Insurance" (where applicable) and (4) "Your Guide to Health Insurance" (applicable only to accident and health insurance products), the contents of which have been explained to me/us to my/our satisfaction. I/We understand that the product summary is not a contract of insurance. I/We will refer to the policy contract for the precise terms, conditions and exclusions.

7. I/We understand and agree that if FWD Singapore accepts my application, the Incontestability and Suicide Provisions (if any) thereof shall have effect from the approval date of my application.

8. I/We hereby authorise, agree and consent to FWD Singapore, is associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "FWD Persons") to collect, use, disclose, store, retain and/or process (collectively "Use") all personal data and information ("Personal Data") that had/has been provided to FWD Persons and/or that FWD Persons possess about me/us (whether from me/us or a third party) in the manner and for the purposes described in the FWD Personal Data Protection Policy ("PD Policy"), including but not limited to, processing of this form and/or to provide subsequent advice or services to me/us in relation to this Policy/form and/or any other existing or future policy/policies/programmers that I/we may hold/participate with FWD Singapore.

Declaration and authorisation

Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by FWD Singapore. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned for FWD Persons to Use their Personal Data for the purposes described in the PD Policy, except to the extent such consent is not required under televant laws, I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the FWD Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify FWD Persons for all losses and damages that FWD Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our form is accepted by FWD Singapore.

9. A photocopy of this authorisation shall be as valid and effective as the original.

10. In relation to my application to increase the Sum Insured of the Basic Plan/Rider(s)/Supplementary Benefit(s), I understand and agree that if FWD Singapore accepts my application, FWD Singapore shall have the right to impose or vary any terms and conditions of the Policy in relation to the increased portion of such Face Amount.

Signature of policyowner

Signature of insured
(Who is age 16 years old and above)

Signed date **Contact number**

Signed date **Contact number**

Signature of trustee (if applicable)

Signed date **Contact number**