

## Declaration of continued good health form

Application number:

Policy number:

**Warning**

In accordance with Section 25(5) of the Insurance Act (Cap.142), you are to disclose in this application 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.

**Important**

This form is to be used if the Proposed Insured's health declaration has been made more than 90 days ago and a new application form is not required.

Please only complete those sections that apply.

Please complete in block letters and ink.

Please initial next to any corrections made on this form.

Name of applicant  
(Policy owner)

Name of proposed insured

### Health declaration

**I declare that since the date of signing the above application or health declaration form,**

1. there has been no change in my health or the health of the Proposed Insured
2. I or the Proposed Insured have/has no intention of undergoing any medical procedures or surgery, nor any medical test or investigation (excluding yearly voluntary health screening).
3. I or the Proposed Insured have/has not sought any medical advice or treatment and does not intend to seek medical advice or treatment in the foreseeable future.
4. I or the Proposed Insured have/ has not started engaging in any new hazardous sport, other than what was declared in the application previously (if any).

If you are not able to affirm any of the above, please provide your reasons/details below, indicating the above declaration number.

**Declarations**

1. I agree to inform FWD Singapore Pte. Ltd. ("FWD") if there is any change in the state of my or the Proposed Insured's health or my or the Proposed Insured's activities between the date of this declaration and the date when the Policy documents are issued by FWD to me. I understand that FWD Singapore may revise the terms of my/our insurance coverage according to any such information received.
2. I or the Proposed Insured declare that the information given is true and complete and I or the Proposed Insured have/has not withheld any material information that may influence the assessment of my application. I understand that should there be any non-disclosure of a material fact that may influence the assessment and acceptance of my insurance application, FWD has the right to either decline my claims or cancel this policy and treat it as never having existed. I agree that the above declaration together with my application shall form the basis of the contract of insurance.

Signed and declared in singapore on  
(dd/mm/yyyy)

**For applicant (policy owner)****For proposed insured (person insured)**

Signature of applicant (policy owner)

Signature of proposed insured

(if different from applicant (policy owner) and age 16 and above)

**For authorised signatory (1) (only if the applicant is a company)**

Signature of authorised signatory

Name and  
designation of authorised signatory

**For authorised signatory (2) (only if the applicant is a company)**

Signature of authorised signatory

Name and  
designation of authorised signatory