

FWD Preeminent Legacy Supplementary Proposal Form



Important information

In accordance with Section 23(5) of the Insurance Act 1966, 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.

Application number		Policy number	
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Details of applicant (policy owner)

Full name (Please underline surname) (as in ID / FIN / Passport including alias)	
ID / FIN / Passport number (as indicated in application form)	
Full legal corporation name	
Corporation's business registration number	

Details of proposed insured (if different from applicant)

Full name (Please underline surname) (as in ID / FIN / Passport including alias)	
ID / FIN / Passport number (as indicated in application form)	

Details of any change or new information

Declarations

1. I/We declare that all the answers I/we have provided are true, complete and accurate to my/our best knowledge and no material fact that is likely to influence FWD Singapore's assessment and acceptance of this application has been withheld.
2. I/We agree to inform FWD Singapore if there is any change in my/our financials and/or health status between the date of these declarations and the date when the policy documents are issued by FWD Singapore to me/us.
3. I/We understand that FWD Singapore may revise the terms of my/our insurance coverage according to any such information received.
4. I/We agree that the above alteration(s) and declarations shall form part of my/our application for the insurance.
5. I/We understand that any alteration is subject to acceptance by FWD Singapore at its sole discretion.
6. This application will not be valid until I/we have been informed in writing that FWD Singapore accepts this application, full premium is received and the policy documents are issued.
7. I/We understand that FWD Singapore shall have the right to request additional information or documents in relation to the information disclosed in this application or of any changes made thereafter.

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

For applicant (policy owner)

Signature of applicant
(policy owner)

For proposed insured (person insured)

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
