

E FAMILY HISTORY

Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, tuberculosis or any hereditary disease? If yes, please state condition, relationship, age at onset and age at death.			Life to be Assured Yes No <input type="checkbox"/> <input type="checkbox"/>	
Relationship	Condition	Age at Onset	Age at Death	

F MEDICAL AND UNDERWRITING QUESTIONS

1a) Have any of your applications or reinstatements of a life insurance or health insurance policy ever been declined, postponed or accepted with special conditions (for example loading or exclusions)? If yes, please provide the details below:				Life to be Assured Yes No <input type="checkbox"/> <input type="checkbox"/>	
Insurer Name	Type of Policy	Reasons			
b) Have you ever made any claims or are you intending to make any claims on your insurance policies (for example for critical illness / disorder, disability, terminal illness, accident, hospitalization)? If yes, please provide the details below:				<input type="checkbox"/> <input type="checkbox"/>	
Insurer Name	Nature of Claim	Year of claim	Reason for claim		
2 Do you engage or have any intention of engaging in any sport or occupation of a dangerous nature e.g. scuba /skin diving, motor-racing, military /private flying other than as a fare-paying passenger etc? If yes for diving, motor-racing and flying, please complete the specific questionnaire. For other activities, please state the name of activities and frequency of participation per year.					
<input type="checkbox"/> <input type="checkbox"/>					
3 In the past 12 months, have you travelled out of the country where you currently live for more than 14 days consecutively for non holiday purpose? Or do you expect to do this within the next 12 months? If yes, please provide the details below:					
Travel Period	<input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months		<input type="checkbox"/> Travelled in past 12 months <input type="checkbox"/> Travelling in next 12 months		
Country					
City					
Purpose					
Frequency					
Duration per trip					
4 Are you now receiving or considering to receive medical treatment from a doctor, or intending to consult any doctor for any reason? If yes, please state details:					
Nature of treatment	Name of doctor	Name and address of clinic or hospital			
5 Other than for the medical conditions or symptoms that you have already told us about, have you had or been advised to have any medical tests or investigations during the last 5 years? Or do you intend to have any tests or investigations in the coming year? (for example blood test, urine test, X-ray, ECG, Ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check) If yes, please provide the details below:					
Type of Test		Type of Test			
Date of Test		Date of Test			
Reason for Test		Reason for Test			
Test Results		Test Results			
Name of Doctors		Name of Doctors			
Name and address of Clinic		Name and address of Clinic			
6 Have you smoked a cigarette or cigar in the last 12 months? If yes, how much do you smoke in a day? _____ cigarettes _____ cigars					
<input type="checkbox"/> <input type="checkbox"/>					
7 Have you ever taken addictive drugs /narcotics or been treated for alcoholism or drug addiction? If yes for drug addiction, please complete the drug addiction questionnaire.					
<input type="checkbox"/> <input type="checkbox"/>					

		Life to be Assured									
		Yes	No								
8	Do you consume beer, wine or other alcoholic beverages? If yes, please state the type of alcoholic beverages and average weekly consumption. _____	<input type="checkbox"/>	<input type="checkbox"/>								
9	Have you ever had or been told that you have or been treated for: a) diabetes, thyroid disorders or any other endocrine disorders? b) asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints /discomfort, or any other lung disease or disorder? c) raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disease or disorder, breathlessness, irregular /fast heart rate, chest discomfort /pain, cardiomyopathy, disease of or any other disorders of the heart or blood vessels? d) epilepsy, fits, stroke, paralysis, weakness of limbs, prolonged headache, unconsciousness, nervous breakdown, depression, or any other nervous /mental disorders? e) gastritis, stomach /duodenal ulcer, blood in the stools, fistula, piles, or any other stomach /bowel disease or disorder? f) jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disease or disorder? g) blood, protein /sugar in the urine, kidney stones, infection, or any other disease or disorder of the kidney, bladder, or genital organs? h) slipped disc, gout, arthritis, pain /deformity /disease or disorder of the muscles, spine, limbs or joints, or severe injury? i) anaemia, any other disease or disorder of the blood, advised to abstain from donating blood, or received blood transfusion or blood products on account of haemophilia or any other reasons? j) ear discharge, nose bleeds, double vision, impaired sight or hearing or speech, or any disease or disorder of the eye, ear, nose or throat? k) cancer, tumours, cysts or growths of any kind? l) any other illness, disorder, operation, physical disability or accident not mentioned above?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
10	Have you or your spouse ever been told that you have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>								
11	Have you ever had HIV testing done (please state reason and results); or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	<input type="checkbox"/>	<input type="checkbox"/>								
12	For Female applicants only: a) Are you now pregnant? If yes, how many months? b) Have you ever had any complication(s) in previous pregnancy(ies)? If yes, please provide date and nature of complication. c) Have you ever been found to have or are you aware of any breast lumps or disease(s) of the breasts? d) Have you ever had any abnormal Pap Smear test or been told by any doctor to have a repeat Pap Smear within the next 6 months? e) Have you ever had recurrent /persistent irregular /painful /unusually heavy menstruation? f) Have you ever been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis, or any other gynaecological investigations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
13	Other than for the medical conditions or symptoms that you have already told us about, do you have a regular doctor whom you consult for medical reasons (excluding minor illnesses such as cold or flu)? If yes, please provide the details below: Life to be Assured	<input type="checkbox"/>	<input type="checkbox"/>								
<table border="1"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Reason for Visit</td> <td></td> </tr> <tr> <td>Name of Doctor</td> <td></td> </tr> <tr> <td>Name and address of clinic or hospital</td> <td></td> </tr> </table>		Date		Reason for Visit		Name of Doctor		Name and address of clinic or hospital			
Date											
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Name of Doctor											
Name and address of clinic or hospital											

If the answer is "Yes" to any of the questions 4, 9 - 12 (except 12a), please complete the Special Health Questionnaire.

G DECLARATION

- I/ We declare that the information I/ we have given to The Great Eastern Life Assurance Company Limited ("GE") and/or its medical examiner in this proposal form and any documents are true and complete (including all information which I/ we had already disclosed in the previous proposal forms with GE and/or The Overseas Assurance Corporation Limited ("OAC")) and, as far as I/ we know, I/ we have not withheld any facts which are likely to influence the assessment and acceptance of this proposal. GE shall not be deemed to have been notified of any information where the disclosure is not made in this proposal form. In the event where it is discovered subsequently that I/ we suffer from a medical condition which is not disclosed in this proposal form, I/ we agree that I/ we shall not be entitled to rely on the defence that I/ we had provided such disclosure in other policies with GE and/or OAC. I/ We understand that if I/ we have withheld any information or given false information, and you issue the policy, I/ we agree you reserve the right to re-underwrite, terminate or void the policy. I/ We agree that the statements made in this proposal together with any documents I/ we provide in relation to myself, ourselves or the Life Assured under this policy will form the basis of the contract of insurance and any temporary insurance (if any).
- I/ We understand and agree that I am/ we are fully responsible for the truth of the statements made in the proposal form. I/ We also understand and agree that I/ we will be legally bound by the statements made once this proposal form is signed.
- I/ We agree to inform GE about any change in my health and/or the Life Assured's health and/or any facts which are likely to influence the assessment and acceptance of this proposal arising between the date of this proposal and the date GE issues the policy. Once GE receives this information, GE is entitled to decide whether to accept or reject this proposal.
- I/ We agree that GE will have no liability until GE has accepted this proposal and I/ we have paid the first premium in full.
- I/ We agree that should I/ we decide not to take up the proposal under the standard or revised terms offered by GE or if the proposal is officially accepted by GE and I/ we decide to terminate the policy within 14 days from the date of receipt of the policy documents, then the amount refundable to me shall be the premium(s) paid less any adjustment to reflect the change in market value of the underlying assets (if applicable), less any cost(s) incurred by GE in assessing the risk under the policy, subject to a maximum refund of the premium(s) paid.

- 6 I/ We authorize and agree to the following:
- (a) Any medical source, insurance office, reinsurer or organization can release my/ our relevant information to GE and vice versa, regardless of whether GE accepts this proposal;
 - (b) GE or any of its approved medical examiners or laboratories can carry out the necessary medical assessments and tests to underwrite and assess my/ our health in relation to this proposal and any claims I/ we make under it: and
 - (c) GE can use or reveal as GE reasonably consider appropriate, any information GE has collected or hold (whether provided in this proposal or otherwise) to allow GE, its related companies or independent third parties, within or outside Singapore, to deal with any matters relating to this proposal or policy or any other policies that I/ we currently have with GE. This includes processing this proposal, communicating with me/ us for any purpose and providing me/ us with advice or information about products and services which GE believes may be of interest to me/ us.

A photocopy of this authorization shall have the same effect as the original.

- 7 I/ We confirm that I am/ we are not an undischarged bankrupt and that no bankruptcy application (including any statutory demands) or order has been made against me/ us within the last 12 months.
- 8 I/ We agree that the policy will be issued as a Singapore policy and that the policy will be entered in the register of Singapore policies.
- 9 I/ We agree that my/ our policy will be mailed directly to me/ us according to the mailing address as provided in the proposal form.
- 10 I/ We, the Proposer, have been given the following documents, and the contents of which have been explained to my/ our satisfaction:
- (a) Your Guide To Life Insurance (I/ We have received a hard copy or been told where to find it on www.greatasteasternlife.com or www.lia.org.sg) (if applicable);
 - (b) Your Guide To Health Insurance for health insurance rider or benefit attached. (I/ We have received a hard copy or been told where to find it on www.greatasteasternlife.com or www.lia.org.sg) (if applicable);
 - (c) Product Summary; and
 - (d) Benefit Illustration/ Policy Illustration/ Product Quotation (where applicable).

- 11 In the event GE becomes aware that I/ we and/or any Life Assured am/are or have become a prohibited person, meaning a person/entity who is subject to any laws, regulations and/or sanctions administered by any governmental or regulatory authorities or any competent authority or law enforcement in any country, which have the effect of prohibiting GE from providing insurance coverage or otherwise offering any benefits to me or any Life Assured under the policy or proposal submitted or any cover note issued, whichever applicable, I/ we agree that GE may suspend, terminate or void the policy or my/ our insurance coverage under the policy, whichever applicable, with effect from an appropriate date or from inception at the sole discretion of GE, and shall not be required to transact any business with me in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted or any cover note issued, whichever applicable.

Further, in the event GE becomes aware that any of the Life Assured, trustee, assignee, beneficiary, beneficial owner and/or nominee and/or mortgagee/ financier named in or connected with the policy is or has become a prohibited person, I/ we agree that GE may suspend, terminate, or void the policy or my/ our insurance coverage under the policy, whichever applicable, with effect from an appropriate date or from inception, as determined at the sole discretion of GE, and shall not be required to transact any business in connection with the policy, including but not limited to, making or receiving any payments under the policy or proposal submitted or any cover note issued, whichever applicable.

Under any of the above circumstances, GE shall not be deemed to provide cover and/or be liable to pay any claim or benefits under the policy or proposal submitted or any cover note issued, whichever applicable.

- 12 I/ We have specifically taken note of the following information:
- (a) Benefits, limitations and risks of the policy;
 - (b) Conditions under which benefits will be payable;
 - (c) Conditions under which the policy will terminate;
 - (d) Exclusions where benefits will not be payable;
 - (e) Free-look provision; and
 - (f) Fees and charges to be borne by me, including but not limited to cash payments in the form of commission, costs of benefits and services paid to the distribution channel (where applicable).

13 **Self-Certification (Tax Residency)**

I/ We certify that I am/ we are the account holder (or I am/ we are authorized to sign for the account holder) in respect of this policy.

I/ We understand and acknowledge that GE is required by law to collect information regarding the tax residency status of each account holder and further, GE may be legally obliged to report the tax residency information contained in this form, including information regarding the account holder and any other reportable account(s) to the Inland Revenue of Singapore, which in turn may exchange such information with the tax authorities of another country or countries in which the account holder may be tax resident, pursuant to intergovernmental agreements to exchange financial account information.

I/ We also understand that each country has its own rules for defining tax residence, and that if I/ we have any questions on how to determine the tax residency status or complete this form on behalf of myself/ ourself (or the account holder on behalf of whom I am/ we are authorized to sign this form), I/ we should consult my/ our tax adviser or the information at the automatic exchange of information portal of the Organisation for Economic Co-operation and Development: <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>. GE will not be in a position to provide assistance beyond the information contained within the instructions set out here.

I/ We declare that all statements made in this form are, to the best of my/ our knowledge and belief, correct and complete. I/ We undertake to inform GE within 30 days if there is a change in circumstances that affects my/ our tax residency status (or the tax residency status of the account holder on behalf of whom I am/ we are authorized to sign this form), or causes the information in this form to be incorrect or incomplete. I/ We shall provide (or, where I am/ we are signing this form on behalf of an account holder, provide or procure that the account holder provides) GE with an updated self-certification form within 90 days of such change in circumstances.

I/ We understand that under the Income Tax Act of Singapore, it is an offence for a person to provide information regarding his/her tax residence status which is false or misleading in a material particular, if such person knows or has reason to believe that such information is false or misleading. I am/ We are also aware that such offence is punishable with a fine not exceeding \$10,000 or imprisonment for up to 2 years or to both.

- 14 I/ We agree that I will update GE promptly of any change or addition to the information provided herein about me/ us, the Life Assured, the beneficiary named in this proposal or of the policy and any other relevant persons (if any, and collectively with the Life Assured and the beneficiary, the "Relevant Persons") and as and when GE may reasonably require. I/ We further agree, or represent to GE that each Relevant Person has agreed when information about him is provided to GE, that GE may disclose such information for the purpose of its compliance with any applicable rules, laws and regulations, codes of practice or guidelines or to assist in law enforcement and investigations by relevant authorities.
- 15 I/ We understand that GE will not be liable for any costs or losses that may be incurred to me/ us or any of the Relevant Persons due to actions of GE permitted herein. In this connection, I/ we agree to indemnify GE against all claims of the Relevant Persons for the aforesaid costs or losses. I/ We further understand that my/ our failure to fulfill any of the obligations herein, or any of untrue or inaccurate representations given herein, will entitle GE to deduct or withhold such amount from any payment payable under the relevant policy, and/or to terminate the policy without being held liable, to the extent permitted by law, and I/ we will indemnify GE against all costs and losses that may be incurred to it therefrom.
- 16 I/ We agree to complete and sign such documents and do such things for purposes reasonably required by GE to evaluate my/ our proposal and to provide the products or services which I/ we am/are applying for.
- 17 I/ We acknowledge that I am/ we are responsible for making sure that I am/ we are allowed to buy this policy under the laws and regulations that apply to my/ our nationality and the country where I/ we live. I/ We understand that GE and/or its related companies cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with buying this policy.
- I/ We declare that any funds and assets I/ we place with GE and any profits that I/ we generate, will comply with the tax laws of the countries where I am/ we are resident(s) and of which I am/ we are citizen(s).

18 Policy Application, Service and Administration

By providing the information set out above, I/ we agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (collectively, "Great Eastern Persons"), collecting, using and/or disclosing my/ our personal data for purposes reasonably required by the Companies to evaluate my/ our proposal and to provide the products or services which I am/ we are applying for (including any policy renewals and policy upgrades, substitutions or replacements) and such other purposes as described in Great Eastern's Privacy Statement (collectively, the "Purposes") which is accessible from Great Eastern Singapore's website and which I/ we confirm I/ we have read and understood.

Where personal data of any person is disclosed by me/ us, I/ we confirm and represent that I/ we have obtained the consent of the individual concerned, unless such consent is not required under relevant laws: (i) to collect such personal data; (ii) to the disclosure of such personal data to the Great Eastern Persons; and (iii) for the Great Eastern Persons' collection, use and/or disclosure of such personal data; for the Purposes.

I consent to Great Eastern Persons collecting, using and disclosing my personal data in their records (whether contained in this proposal form or from other sources) for marketing and promotional purposes and providing me such information via:

- voice calls, text and fax messages (regardless of my registration(s) with the Do Not Call Registry);**
- postal mail and email.**

Declaration by Customer Service Officer

I hereby declare and confirm that I have personally seen the Proposer. I have also sighted the proof of identity and certify that the particulars are the same as stated on the proposal.

Signature of Customer Service Officer

Date

WARNING:
If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of Life to be Assured/ Main Applicant _____

Dated in _____ on:

Signature of Witness (Customer Service Officer) _____

_____/_____/_____
(Day) (Month) (Year)