

**GREAT Value Protect accident plan – Important Notice, Declaration and Policy Application, Service and Administration**

**Important Notice**

1. Pursuant to section 25(5) of the insurance act (cap.142), you are to disclose in this application fully and faithfully, all the facts which you know or ought to know, otherwise you may receive nothing from the policy coverage.
2. GREAT Value Protect accident plan is an insurance plan (“Policy”) underwritten by The Great Eastern Life Assurance Company Limited (the “Company”), a wholly-owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group.
3. You may wish to seek advice from a qualified adviser before buying the product. If you choose not to seek advice from a qualified adviser, you should consider whether the product is suitable for you. If you decide that the policy is not suitable after buying the policy, you may terminate the policy in accordance with the free-look provision, if any, and the insurer may recover from you any expense incurred by the insurer in underwriting the policy.
4. This policy is protected under the Policy Owners’ Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC websites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).
5. Commencement of your insurance coverage is subject to a Payment Before Cover Warranty clause, which requires premium to be paid in full to the Company before the coverage is effective. Not doing so shall absolve the Company from any liability under the insurance coverage.
6. Upon successful insurance coverage application and payment of premium, you will receive via email from purchase site with a link to the Certificate of Insurance and its Terms & Conditions. You will not be receiving any hardcopy documents.
7. You have 14 days (“Free Look Period”) starting from notification date of successful application to review the Certificate of Insurance. Should you decide that the Certificate of Insurance does not suit your needs, you may cancel it during the Free Look Period and the Company shall refund you the premium paid provided that no claim has been made.

**Declaration**

1. I confirm that I/we understand and agree to the Important Notices stated above.
2. I declare that I/we do not have any ‘Pre-Existing Condition’.

3. 'Pre-Existing Condition' means any condition, illness, disease, disability or defect for which:
  - a. the Insured Life has sought medical advice, been investigated, diagnosed, hospitalised, received medical treatment, undergone surgical operation, or been prescribed drugs at any time prior to the Effective Date; or
  - b. signs and symptoms manifested prior to the Effective Date, which would have caused a prudent person to seek medical advice or counselling, undergo investigation or diagnostic tests, receive medical treatment, undergo surgery, be hospitalised, or be prescribed drugs.
4. I am aware that I/we can seek advice from a qualified adviser before purchasing this insurance coverage. Should I choose not to, I/we take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.
5. I hereby declare that the information given in this proposal and all subsequent written notices furnished to the Company are true, correct and complete, to the best of my/our knowledge and belief the statements and that no material fact(s), that is fact(s) likely to influence the assessment and acceptance of this proposal have been withheld. I also declare that the statements made in this proposal together with any supplementary questionnaire(s) and/or forms and any document(s) submitted in connection with this proposal shall form the basis of the proposed contract of insurance.
6. I acknowledge that I/we will have to be physically in Singapore for any insurance coverage application.
7. I understand that my proposal will be subjected to acceptance by the Company, and that I and/or my family member (members) will not be insured under any of the insurance plan(s) for which I and/or my family member (members) have applied for, until the Company advises the Policyholder the terms and conditions on providing the insurance cover to myself and/or my family member (members). The Company reserves the right to decline to provide the insurance cover or impose special terms and conditions to the insurance cover.
8. I understand that my/our insurance cover under the Policy will only be valid if I observe all the terms and conditions of the Policy and all subsequent written notices given by the Company to me/us.
9. I agree that this proposal and all subsequent written statements given by me to the Company shall be my/our representations given to the Company. For the avoidance of doubt, any omission of facts by me shall be deemed as misrepresentations to the Company.
10. I agree that my/our insurance cover will begin on the Effective Date as set out in Certificate of Insurance.
11. I have read and understood the Product Summary (available on purchase site) and have specifically taken note of the following information:

- i. Benefits, limitations and risks of the policy;
  - ii. Conditions under which benefits will be payable;
  - iii. Conditions under which the policy will terminate;
  - iv. Exclusions where benefits will not be payable;
  - v. Free-look provision.
12. I am aware that a copy of "Your Guide to Health Insurance" can be downloaded on [www.greateasternlife.com](http://www.greateasternlife.com) or [www.lia.org.sg](http://www.lia.org.sg).
13. I confirm that I am not an undischarged bankrupt, and that no Statutory Demand has been served on me and no bankruptcy order has been made against me.
14. I agree that the Policy will be entered into the register of Singapore policies, and understand that all payments under the Policy, whether to me/us or by the Company will be payable in Singapore dollars.

#### **Policy Application, Service and Administration**

By providing the information set out above, I/ we agree and consent to GE and its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (the Companies and all the other foregoing 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.