

## APPLICATION TERMS AND PROCEDURE

1. Each applicant must fill up a separate form.
2. All particulars must be written in **FULL** and **BLOCK** letters.
3. A spouse who is working in SAF/MINDEF or is an operationally ready NSman will have to apply in the capacity of a serviceman; otherwise such insurance granted may be void.
4. Insurance coverage will cease at age 70 for you and your spouse and the age of 18 for your male child(ren) and age 25 for your female child(ren) or according to the terms of the policy contract. A minimum period of 12 months from the date insurance was first incepted is required. For premature termination during the policy year, Aviva Ltd will impose short period premium rates as stated in the group policy contract.

## PAYMENT OF MONTHLY PREMIUM

1. Monthly premiums will have to be paid by GIRO. **You are, therefore, required to complete the GIRO application form; otherwise, insurance cannot be effected.**
2. **For SAF Regulars (including DXO and Full-time NSF)**, the first 3 months' premium will be deducted from your salary or NSF allowance. This duly signed application shall serve as an authorisation for SAF or its approved agency to deduct.
3. **For Others**, you are required to submit a cheque for 3 months' advance premium together with this application form. Your cheque should be made payable to 'Aviva Ltd' with your **NRIC** number, **name** and **telephone number** on its reverse.
4. **For spouse and children**, the premium will be deducted from the insured serviceman's payroll or GIRO account.
5. Submission of this application and/or cheque does not constitute an acceptance for insurance. An insurance certificate will be issued to you once your application is underwritten and approved.
6. If you are currently insured and paying by GIRO, you need not submit the GIRO form.

## ENQUIRY

For enquiry, please contact us at:

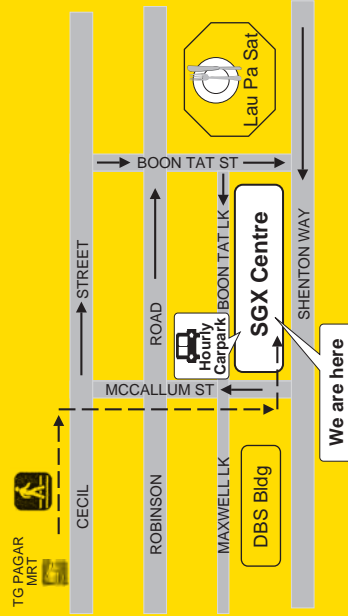
**SAF Insurance Infoline: 6827 8000**

Mon to Fri (excluding Public Holidays), 9am to 5.30pm

**Email: saf\_insurance@aviva-asia.com**

**Fax: 6321 7881**

You may visit our Customer Service Hall at SGX Centre 2, #01-01, 4 Shenton Way



This Insurance Scheme is underwritten by :



**Aviva Ltd**

4 Shenton Way #01-01, SGX Centre 2, Singapore 068807

Tel : 6827 7988 [www.aviva.com.sg](http://www.aviva.com.sg)

Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8



## APPLICATION FORM

**SAF GROUP INSURANCE SCHEME**



**ENHANCE YOUR COVER,  
INCREASE YOUR PROTECTION**

**SAF Personnel Services Centre,**  
Manpower Policy Dept, MINDEF

## APPLICATION FOR SAF GROUP INSURANCE SCHEME GROUP POLICY No. 2000002 - 00

WARNING : PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

**A. Status of Applicant** (Tick ✓ where appropriate)

**Serviceman :**

- SAF Regular       Ops Ready NSman  
 Full-time NSF       Public Officer in MINDEF  
 MINDEF DXO       DSTA work in SAF unit or MINDEF  
 Insured member (Applying for increase in coverage)

**Dependant :**  Spouse       Child

**B. Particulars of Applicant**

NRIC/Birth Certificate No.  Date of Birth

Name

Address

Telephone (Office)  (Handphone)

Email

**C. To be completed by all SAF Regular, MINDEF DXO and Full-time NSF**

Date of Enlistment/Employment :

**D. If the applicant is a Dependant, please complete this.**

NRIC No of Insured Serviceman as defined in Part A.

**E. To be completed by Ops Ready NSman and Dependant only**

Occupation : \_\_\_\_\_  
Name of Company : \_\_\_\_\_

**F. I wish to apply for a sum assured as indicated below: (Please ✓ tick the correct box and the sum assured).**

- First time Applicant.  
 Applying for increase. (Indicate New Sum Assured)

\$100,000		\$300,000	
\$150,000		\$350,000	
\$200,000		\$400,000	
\$250,000	**\$	0,000	

\*\*Other sum assured in multiple of \$10,000 up to \$400,000.

**G. Health Questionnaire** (To be completed as a condition of granting insurance. Full-time serviceman with PES A/B medical status enlisted within 1 year AND applying for the first time is exempted).

Non-Smoker /  Smoker

No. of Years :  No. of Cigarettes per day:

Sex :  Height:  m Weight:  kg

	If unsure, please declare everything.	Yes	No
1.	Are you now receiving, received or planning to receive any advice, counselling, surgical or medical treatment or have you in the last 5 years undergone any surgical operation, consulted any doctor for any tests or being confined or treated in a hospital?		
2.	Have you ever undergone a HIV Antibody Test within the last two years or do you engage in activities which will increase the likelihood of exposure to such immunity disorder? If 'Yes', please furnish the reasons, date and result of the test.		
3.	<b>Have you ever suffered from:</b>		
a	Cancer, Diabetes, Eye Disorder, Fits, Blood Disorder, Heart Disease, High Blood Pressure, Gout, Lung Disorder, Mental Disorder, Asthma, Gastric Ulcer, Liver or Kidney Disorder, Hepatitis B, Arthritis, Slipped Disc, Thyroid, Nose Disease or any other serious illness?		
b	Sexually transmitted disease such as syphilis, gonorrhoea or non-specific urethritis, positive HIV test and AIDS?		
c	Gynaecological disorders such as fibroids, endometriosis, ovarian growth, irregular menstrual bleeding, etc?		
d	Congenital anomalies, genetic disorder, physical defects or any other illness, disease or injury not mentioned above?		
4.	Have you ever had your health or life insurance application rejected or accepted on special terms by another company?		

If you have answered 'Yes' to any questions from 1 to 4, please provide the description of the condition and/or a copy of the medical report, X-ray report or blood test result.

5.	Are you currently insured by Aviva Ltd? If 'Yes', please indicate the type of policy and insured amount.		
6.	Do you engage in any activity of occupation which may be considered hazardous e.g. private flying, scuba/skin diving, motor racing, etc? (SAF occupations and training are exempted)		
7.	If your application cannot be accepted for the applied sum assured and/or incepted on special term, are you prepared to accept?		

If you are aged 45 or older, you are required to undergo a simple medical examination (at your own expenses). Please contact Aviva for the Medical Exam Form, to be signed and certified by a registered MO.

**Declaration**

I declare that the information given above is true and complete. I agree that this application shall be the basis of the contract of insurance to be issued under the said Group Insurance Policy. I understand that the Insurance shall not become effective until it is accepted and confirmed in writing by Aviva Ltd.

I agree to inform Aviva Ltd if there is any change in the state of my health or my activities between the date of this Health Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I consent to Aviva Ltd seeking information from my doctor who has attended to me or from other insurance company to which I have at any time made a proposal for insurance and I authorise the giving of such information. I further authorise Aviva Ltd to give such information obtained or information contained herein for the purpose of obtaining insurance cover under the said Group Policy to the insurance intermediary / administrator of the said Group Insurance Policy.

For SAF Regulars/NSFs, by signing the application form, I consent to SAF or its appointed agency to release my personal particulars and bank information to Aviva Ltd to update my insurance record. I also consent to SAF or its appointed administrator to deduct the monthly premium from my monthly SAF salary or allowance for payment of such group insurance scheme until such time a GIRO account is ready.

**sign here**

Signature of Insured Serviceman  
(Also, if applying for Dependant)

Date

## APPLICATION FOR INTERBANK GIRO SAF GROUP INSURANCE SCHEME



### PART I : TO BE COMPLETED BY APPLICANT

<p>Date :</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>To : The Manager (Name of Bank)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Branch :</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p>Name of Billing Organisation :</p> <div style="border: 1px solid black; padding: 2px;">Aviva Ltd</div> <p>Particulars of Person Applying for Group Insurance :</p> <p>Name :</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>NRIC :</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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**Payment for Applicant's Group Insurance Scheme**

- a) I/We hereby instruct you to process the Billing Organisation's instructions to debit my/our account.
- b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

<p>My/Our Name(s) (as in the bank account) :</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>My/Our Bank Account Number :</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>My/Our Contact Number(s) :</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">(Home)</td> <td style="text-align: center;">(Office)</td> <td style="text-align: center;">(Handphone)</td> </tr> <tr> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> </tr> </table> <p>My/Our Company Stamp/Signature(s)/Thumb print(s)*:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	(Home)	(Office)	(Handphone)			
(Home)	(Office)	(Handphone)					



(as in your bank's record)

\*For thumb prints, please go to the branch with your identification.

### PART II : TO BE COMPLETED BY BILLING ORGANISATION

Bank	Branch	Billing Organisation's Account No.	
7171	003	0039001886	Batch
Bank	Branch	Account No. of Applicant To Be Debited	Reference Number (NRIC)
			0686

### PART III : TO BE COMPLETED BY THE BANK

**To: Employee Benefits & Healthcare, Aviva Ltd, 4 Shenton Way #01-01, SGX Centre 2, Singapore 068807**

This application is hereby **REJECTED** (please tick) for the following reasons(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumb print** differs from Bank's record | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumb print** incomplete/unclear**       | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumb print**        | <input type="checkbox"/> Others : _____                           |

\*\*Please delete where inapplicable.

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Name of Approving Officer

Authorised Signature

Date

**Explanation Notes on GIRO for SAF Group Insurance Scheme:**

1. You are required to complete this inter-bank GIRO application form with a valid bank account; otherwise, insurance cover will not be effected.
2. If you are already insured and already paying your insurance premium by GIRO, you are not required to complete this GIRO form again.
3. **The first deduction will be made from your bank account on the 10<sup>th</sup> day of each month. If the first deduction fails, a second deduction will be made on the 25<sup>th</sup> day of the same month.** If the 10<sup>th</sup> or 25<sup>th</sup> falls on a public holiday or Sunday, deduction will be made on an earlier working day. Some banks may levy a surcharge for unsuccessful deduction. You are, therefore, advised to keep sufficient fund on the 2 dates mentioned above.
4. You may arrange for another party to pay your insurance premium using his/her valid bank account by completing and signing this GIRO application.
5. The completed GIRO application form will have to be submitted together with the insurance application. Please mail to : **Employee Benefits & Healthcare, Aviva Ltd, 4 Shenton Way #01-01, SGX Centre 2, Singapore 068807.**
6. For clarification, please contact SAF insurance **Infoline 6827 8000 or email saf\_insurance@aviva-asia.com**