Tokio Marine Insurance Singapore Ltd.
Company Reg. No. : 192300014M
GST Reg. No. : M2-0000023-4
20 McCallum Street
#09-01 Tokio Marine Centre
Singapore 069046
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Email : tmis@tokiomarine.com.sg
Website : www.tokiomarine.com

TMCare - Mini Group Hospital & Surgical Group

Proposal, Fact Find & Health Declaration Form

KINDLY COMPLETE FULLY IN BLOCK LETTER

(Tick boxes where appropriate)

REQUEST FOR QUOTATION was submitted on _____
(dd/mm/yyyy)

NAME OF INTERMEDIARY:_____CODE: _____

Name of Current Insurer (if any):_____

Type of Existing Policy:_____

Period of Existing Insurance: From:_____to_____
(dd/mm/yyyy) (dd/mm/yyyy)

GENERAL INFORMATION

Name of Company:_____

Address:_____

Telephone No:_____ Fax No:_____

Nature of Business:_____

Total No. of Employees:_____ No. of Employees to be insured:_____

Please choose a plan under **Basic Medical**

☐ Plan A ☐ Plan B ☐ Plan C

Optional Cover: **Major Medical Treatment**
(The Plan will follow that of BASIC MEDICAL)

☐ Yes ☐ No

Optional Cover: **Out-patient Cancer & Out-patient Kidney Dialysis Treatment**
(The Plan will follow that of BASIC MEDICAL)

☐ Yes ☐ No

Period of Insurance: From:_____to_____
(dd/mm/yyyy) (dd/mm/yyyy)
(Effective date of cover is subject to underwriting approval and confirmation)

1 Are there any members currently in hospital or requires frequent admission (e.g. hospital admission more than 2 times per year) to hospital? **YES / NO**
If **YES**, kindly provide the following details:

S/N	No. of members	Age	Reason for hospitalisation/ Nature of illness	Total Sum Insured/Plan

2 Has any member suffered or is suffering from any serious condition such as cancer, organ failure, heart disease, stroke, liver disorder, arthritis or any other disorder that causes progressive irreversible functional or physical disability? **YES / NO**

If **YES**, kindly provide the following details:

S/N	No. of members	Age	Reason for hospitalisation/ Nature of illness	Total Sum Insured/Plan

3 Is there any member based outside Singapore? **YES / NO**

If **YES**, kindly provide the following details:

S/N	No. of members	Age	Country based in	Total Sum Insured/Plan

4 Are there any limitations or exclusions imposed on the coverage on any members? **YES / NO**

If **YES**, kindly provide the following details:

S/N	No. of members	Age	Limitations / Exclusions	Total Sum Insured/Plan

5 Is there any member engaged in hazardous occupation? **YES / NO**

(Hazardous occupation eg. Welder, diver, sandblaster, offshore workers, etc)

If **YES**, kindly provide the following details:

S/N	No. of members	Age	Nature of work	Total Sum Insured/Plan

6 To the best of your knowledge, is there any member engaged in hazardous sports? **YES / NO**

(Hazardous sports eg. Scuba diving, motor racing, bungee jumping, etc)

If **YES**, kindly provide the following details:

S/N	No. of members	Age	Type of sports	Total Sum Insured/Plan

BENEFIT: BASIC MEDICAL PLAN

a) Basis of coverage

Category of Employees / Occupation	Plan	Currently with TMIS

Important Note:

1) Dependants can be covered under Basic Medical plan. Their cover should be lower or same as the employee's cover

2) Please provide the Deductible / Co-insurance for respective employee category or occupation, if applicable.

3) TMIS means Transferable Medical Insurance Scheme

Example

Category of Employees / Occupation	Plan
Senior Management (Director, General Manager, Senior	C
Manager & Executive	B
All others	A

b) Age Profile of Employees

Age Band (Age Next Birthday)	No. of Employees	
	Male	Female
18 - 25		
26 - 35		
36 - 45		
46 - 55		
56 - 65		
66 - 70		
71 - 75		
Total		

c) Details of Insured Members

For Basic Medical Plan

	No. of Employees (Singaporeans & Permanent Residents)		
	Plan A	Plan B	Plan C
Employee Only			
Employee & Spouse			
Employee & Child(ren)			
Employee & Family			

	No. of Employees (Foreigners* only)		
	Plan A	Plan B	Plan C
Employee Only			
Employee & Spouse			
Employee & Child(ren)			
Employee & Family			
* refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore			

For Major Medical Treatment

	No. of Employees (Singaporeans & Permanent Residents)		
	Plan A	**Plan B**	**Plan C**
Employee Only			
Employee & Spouse			
Employee & Child(ren)			
Employee & Family			

	No. of Employees (Foreigners* only)		
	Plan A	**Plan B**	**Plan C**
Employee Only			
Employee & Spouse			
Employee & Child(ren)			
Employee & Family			
* refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore			

For Out-patient Cancer & Out-patient Kidney Dialysis Treatment

	No. of Employees (Singaporeans & Permanent Residents)		
	Plan A	**Plan B**	**Plan C**
Employee Only			
Employee & Spouse			
Employee & Child(ren)			
Employee & Family			

	No. of Employees (Foreigners* only)		
	Plan A	**Plan B**	**Plan C**
Employee Only			
Employee & Spouse			
Employee & Child(ren)			
Employee & Family			
* refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore			

d) Claims Experience for the past 3 years

Period of Coverage From/To _____ /_____ (dd/mm/yyyy)	**No of insured as at _____ (dd/mm/yyyy)**	**Paid Claims**	**Outstanding Claims**
		No of claims/Amount (S$)	**No of claims/Amount (S$)**
Note: The insurer reserves the right to request for more information.			

e) Kindly attach a copy of the Schedule of Benefits, if the benefits are on insured basis. (i.e. currently insured)

NEEDS ANALYSIS & PRODUCT RECOMMENDATION

Please tick the appropriate box to indicate the priority of your company's needs:

Company's Priorities	Low	Med	High	Adviser's Recommendation
Cover for Hospital and Surgical expenses	☐	☐	☐	
Cover for Major Medical Treatment	☐	☐	☐	
Cover for Out-Patient Cancer & Out-Patient Kidney Dialysis Treatment	☐	☐	☐	

DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the information given here are true and complete, and agree that if a contact of insurance is effected, all information submitted in connection with this application shall form the basis of such contract between the Company and the insurer.

I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.

Signature of Authorised Officer

Name:

NRIC/Fin No:

Designation:

Date:

Company Stamp (if applicable)

I/We declare and acknowledge that I/We have reviewed this Fact-Finding Form with the authorised officer of the Company, and that I/We have explained all the requirements of this Fact-Finding Form to him/her.

Signature of Insurance Intermediary

Name:

NRIC/Fin No:

Designation:

Date:

For companies that have less than 20 employees, the insurance acceptance is subject to each employee completing a Health Declaration below

Health Declaration

Particulars of Employee (and Family) to be insured (To be completed by the employee)			
	Employee	**Spouse**	**Child***
Name			
Sex			
Occupation			
Date of Birth			
Height (m) & Weight (kg)			
NRIC / Passport / BC No.			
Nationality**			
Marital Status			
Country of Residence***			

Notes

* If more then 1 child is to be insured, please provide required information on a separate sheet. Proof of student status is required for child above 18 years old.

** For foreign nationalities, please furnish copy of current work permit or employment pass.

*** If there is intention to reside outside of Singapore for a continuous period of 90 days, please state the country the person intends to reside in.

Health Statement		**Please Indicate YES / NO**				
		Applicant	**Spouse**	**Child 1**	**Child 2**	**Child 3**
1	Have you or any of the family members to be insured ever had any life, accident, hospitalisation or sickness insurance rejected or cancelled or issued on special terms or declined on renewal?					
2	Do you or any of the family members to be insured have life, accident, hospitalisation or sickness insurance with this or any other company? (If "YES" please provide name of insurer, type of policy and policy reference below)					
3	Are you or any of your family members to be insured currently under any observation or receiving any treatment or medicine?					
4	Do you or any of the family members to be insured have any physical defect, deformity, impairment of hearing or vision, or loss of hand, foot or vision?					
5	Have you or any of your family members to be insured ever had a surgical operation?					
6	Have you or any of your family members to be insured ever been advised to have a surgical operation which has not yet been performed?					

	Health Statement	Please Indicate YES / NO				
		Applicant	Spouse	Child 1	Child 2	Child 3
7	Have your or any of the family members to be insured ever had or been told you had or been treated for the following disorder or disease:					
a	Chronic cough, spitting of blood, asthma, hay fever, pleurisy, tuberculosis or any other disease of the respiratory system?					
b	High or low blood pressure, heart disease, chest pain, heart attack, shortness of breath, palpitations or any heart disorder?					
c	Apoplexy, paralysis, epilepsy, fits, dizziness, mental or nervous disorder?					
d	Diabetes, sugar or blood in urine, kidney disorder, kidney colic or stone or hernia?					
e	Arthritis, sciatica, rheumatism, back, spine, bone, joint, muscle or skin disorder?					
f	Ulcer or disorder of the stomach, intestines, hemorrhoids or rectal disorder?					
g	Gall bladder stone or liver disease or any type of hepatitis?					
h	Cancer, tumour or growth of any organ system, thyroid disorder (such as Goitre) or anaemia?					
i	Female reproductive system including lumps, but not limited to fibroids or cysts?					
j	Sexually transmitted disease such as syphilis, gonorrhoea or herpes or non-specific urethritis?					
k	Any illness or disease or injury not mentioned above?					

8 Have you or any of the family members to be insured any intention of residing outside Singapore for a period of more than 90 days?

If any of the answer to the above is "YES", please give full particulars below, noting the question number to which they relate.

Name and address of your regular doctor (if any)?

DECLARATION BY EMPLOYEE

I hereby declare that:
- the foregoing statement and particulars are true and complete and I have not withheld any information that may influence the acceptance of this proposal, and I agree that this proposal and declaration shall be the basis of the contract between Tokio Marine Insurance Singapore Ltd, and I.
- the named family members to be insured are Singapore citizens or permanent residents or work permit holders or employment pass holders working in Singapore.

I further understood and agreed that the proposal will be effective only if it has been accepted by the Company and the applicable premium has been paid.

I hereby authorise any hospital, surgeon, medical practitioner, clinic or other medical or medically related facilities, insurance company or other organisation or person to release to Tokio Marine Insurance Singapore Ltd, any such information with respect to any illness and to provide earlier medical history concerning me or any named family members to be insured.

I understand that all pre-existing conditions before the effective date of this policy are not covered.

Signature of Employee / Date

Signature of Company's representative / Company Stamp

Notice for Personal Data Protection Policy

By signing this form:

1. I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing and servicing my/our policies/claims;

2. I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent for the above collection, use, process and disclosure; and

3. I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.

Your Signature (Policy Holder) and Date
On behalf of person(s) to be insured

Your Full Name/Company Name

Your NRIC/Passport No./Company Registration No.