

## TMCare - Mini Group Hospital & Surgical Group

### Health Declaration Form

KINDLY COMPLETE FULLY IN BLOCK LETTER

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***			
<b>Notes</b> * If more than 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 you 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](http://www.tokiomarine.com).

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

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Your Full Name/Company Name

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Your NRIC/Passport No./Company Registration No.