

# ENHANCED LIFE ACCIDENT PROTECTOR

Ensuring peace of mind for the working individual





## Enhanced Life Accident Protector (ELAP) is designed to provide employees and their families with affordable Disability Income and Personal Accident coverage, ensuring peace of mind for the working individual.

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Employees are one of the most valuable assets of any organisation. The comprehensive coverage offered by **Enhanced Life Accident Protector** can help them with financial support should they have to deal with high medical expenses or take leave from work for an extended period of time.

We cannot predict when an accident will strike but we can take steps to protect ourselves and our family members against major financial disasters should it happen. **Enhanced Life Accident Protector** provides:

- ✓ **Up to S\$446,676** in Total Disability Income, payable monthly for a maximum period of 15 years with compounding interest of 3% per annum
- ✓ Additional 30% coverage for Accidental Death and **200% for Accidental Death by Air Travel**
- ✓ **Up to S\$300 daily hospital income**, payable up to 730 days per injury
- ✓ **Up to S\$5,000 per injury** for medical expense reimbursement inclusive of up to S\$300 for TCM and/or Chiropractor services **New!**
- ✓ **Payout upon accident** which results in a sudden, unforeseen and involuntary injury, such as a sprained ankle or muscle while exercising

### **An exclusive and affordable Benefits@Worksite Plan starting from just S\$10.06 a month (GST included)**

Enhanced Life Accident Protector is an easy to enrol standalone plan that offers:

- ✓ Guaranteed Issuance Offer with no medical underwriting required **New!**
- ✓ Choice of all Plan Types for employees of all occupational classes **New!**
- ✓ Choice of all Plan Types for children age below 17 **New!**
- ✓ Individual or Group submission **New!**
- ✓ 10% Family Discount for spouse and children (when 2 family members sign up)
- ✓ Choice of 4 Plan Types to cater to individual protection needs and budget
- ✓ Option of Portability, allowing Life Assured to enjoy continued coverage when he or she leaves the company and takes over the premium payment

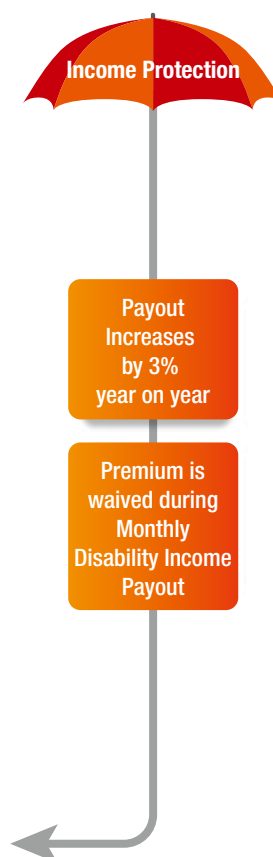
## KEY BENEFITS AT A GLANCE

Benefit	Coverage			
	Plan A	Plan B	Plan C	Plan D
<b>Monthly Disability Income due to Major Permanent Disablement</b> (Payout is increased by 3% year on year & payable for up to 15 years)	S\$500 per month* Up to S\$111,444	S\$1,000 per month* Up to S\$223,332	S\$1,500 per month* Up to S\$334,740	S\$2,000 per month* Up to S\$446,676
Major Permanent Disablement	S\$50,000	S\$100,000	S\$150,000	S\$200,000
Other Permanent Disablement	S\$50,000	S\$100,000	S\$150,000	S\$200,000
Accidental Death	S\$65,000	S\$130,000	S\$195,000	S\$260,000
Accidental Death by Air Travel	S\$130,000	S\$260,000	S\$390,000	S\$520,000
Hospitalisation Allowance (up to 730 days per accident)	S\$50 per day	S\$100 per day	S\$200 per day	S\$300 per day
Medical Expenses Reimbursement (Including Complementary Medicine Practitioner of up to S\$300 per Accident)	S\$1,000 per accident	S\$3,000 per accident	S\$4,000 per accident	S\$5,000 per accident

\* Refers to amount payable for the first year. This monthly payout increases by 3% year on year as illustrated in the 'Payment Schedule for Monthly Disability Income due to Major Permanent Disablement' below.

### Payment Schedule for Monthly Disability Income due to Major Permanent Disablement

Year	Monthly Benefit Insured (S\$)			
	Plan A	Plan B	Plan C	Plan D
Year 1	500	1,000	1,500	2,000
Year 2	515	1,030	1,545	2,060
Year 3	530	1,061	1,591	2,122
Year 4	546	1,093	1,639	2,186
Year 5	562	1,126	1,688	2,252
Year 6	579	1,160	1,739	2,320
Year 7	596	1,195	1,791	2,390
Year 8	614	1,231	1,845	2,462
Year 9	632	1,268	1,900	2,536
Year 10	651	1,306	1,957	2,612
Year 11	671	1,345	2,016	2,690
Year 12	691	1,385	2,076	2,771
Year 13	712	1,427	2,138	2,854
Year 14	733	1,470	2,202	2,940
Year 15	755	1,514	2,268	3,028
<b>Total Payment Up To:</b>	<b>S\$111,444</b>	<b>S\$223,332</b>	<b>S\$334,740</b>	<b>S\$446,676</b>



Note:

- Policy premium is waived during the period whereby Monthly Disability Income is payable. The Company will not pay any other benefits under this Policy for any Claim Event(s) suffered by the Life Assured during the period in which he/she continues to suffer from the Major Permanent Disablement.
- Major Permanent Disablement applicable in the above payment schedule includes:
  - Total and Permanent Disability
  - Loss of use or loss of Both Arms or Both Legs or One Arm and One Leg
  - Loss of use or loss of One Arm or One Leg
  - Loss of Sight in Both Eyes
  - Loss of Sight in One Eye
  - Loss of use or loss of One Arm or One Leg and Sight in One Eye
  - Permanent Total Loss of Speech and Hearing

## PREMIUM RATES

Occupational Class	Premium with GST (S\$)							
	Monthly (S\$)				Annual (S\$)			
	Plan A	Plan B	Plan C	Plan D	Plan A	Plan B	Plan C	Plan D
Class 1 & 2	10.06	19.69	28.68	37.88	117.17	229.41	334.16	441.38
Class 3	13.08	25.61	37.29	49.25	152.37	298.32	434.42	573.84
Class 4	16.09	31.51	45.89	60.62	187.46	367.12	534.68	706.20

Note: Premiums are not guaranteed and may be adjusted at policy renewal with at least 30 days' notice to the Policyholder before the renewal date.

### Eligibility (Individual and Group)

Singaporeans, Singapore Permanent Residents and Foreigners  
(Employees of all occupational classes are eligible to purchase all plan types)

### Individual Policy

#### Policy Term

Yearly renewable up to 76 age next birthday

Age at Entry (Life Assured): Minimum: 1 age next birthday, Maximum: 65 age next birthday

Age at Entry (Policyholder): Minimum: 17 age next birthday, Maximum: 65 age next birthday

#### Premium Payment Mode

Annual or Monthly

#### Payment Method

Cheque / Cashier's Order / GIRO / Credit Card

### Group Policy

#### Policy Term

Yearly renewable up to 76 age next birthday

Age at entry (Insured member): Minimum: 1 age next birthday, Maximum: 65 age next birthday

#### Premium Payment Mode

Annual only

#### Payment Method

Cheque / Telegraphic transfer

**INSURED ENROLMENT LIST**

No.	Particulars of Insured					Premium (S\$ inclusive of GST)	
1	Full Name as shown in NRIC/ Passport:	NRIC/ FIN No.:	Gender (M/F):	Relation <sup>1</sup> :	Residential Address <sup>3</sup>	Occupational Class (1,2,3,or 4)	Premiums (In S\$)
				Employment Date:			
	Designation:	Nationality:	Date of Birth:	Employment Category <sup>2</sup> :			
In the event that this policy lapses, is voided, terminated or cancelled for any reason whatsoever, 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 the purposes of marketing this product or any other similar product, and providing me such information via: <input type="checkbox"/> voice calls, text and fax messages (regardless of my registration(s) with the Do Not Call Registry); and/or <input type="checkbox"/> postal mail and email. <span style="float: right;">Signature: _____</span>							
2	Full Name as shown in NRIC/ Passport:	NRIC/ FIN No.:	Gender (M/F):	Relation <sup>1</sup> :	Residential Address <sup>3</sup>	Occupational Class (1,2,3,or 4)	Premiums (In S\$)
				Employment Date:			
	Designation:	Nationality:	Date of Birth:	Employment Category <sup>2</sup> :			
In the event that this policy lapses, is voided, terminated or cancelled for any reason whatsoever, 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 the purposes of marketing this product or any other similar product, and providing me such information via: <input type="checkbox"/> voice calls, text and fax messages (regardless of my registration(s) with the Do Not Call Registry); and/or <input type="checkbox"/> postal mail and email. <span style="float: right;">Signature: _____</span>							
3	Full Name as shown in NRIC/ Passport:	NRIC/ FIN No.:	Gender (M/F):	Relation <sup>1</sup> :	Residential Address <sup>3</sup>	Occupational Class (1,2,3,or 4)	Premiums (In S\$)
				Employment Date:			
	Designation:	Nationality:	Date of Birth:	Employment Category <sup>2</sup> :			
In the event that this policy lapses, is voided, terminated or cancelled for any reason whatsoever, 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 the purposes of marketing this product or any other similar product, and providing me such information via: <input type="checkbox"/> voice calls, text and fax messages (regardless of my registration(s) with the Do Not Call Registry); and/or <input type="checkbox"/> postal mail and email. <span style="float: right;">Signature: _____</span>							

<sup>1</sup> Please indicate EE (Employee), or Spouse or Child    <sup>2</sup> As per basis of coverage    <sup>3</sup> If applicable

Total Premium: S\$ \_\_\_\_\_

**MARKETING CONSENT**

We\* want to ensure that you fully enjoy our services and products as we update you on relevant news, promotions and advice. We will keep in touch with you through post, digital platforms (including social media), and email.

Please indicate below if you consent to us\* to also contact you for the above-mentioned purposes via the methods below:

Phone number-based messaging (e.g. SMS/MMS, WhatsApp, WeChat)     Voice Calls

Your privacy is of utmost importance to us and you can withdraw your consent via Great Eastern's website at any time.

\* We/us refers to Great Eastern, our related corporations, respective representatives and agents. For more details, please refer to the Privacy and Security Policy on Great Eastern's website.

(Please make cheque payment to

'The Great Eastern Life Assurance Company Limited') Cheque no.: \_\_\_\_\_ Date: \_\_\_\_\_

**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 be effective until it is accepted and confirmed in writing by The Great Eastern Life Assurance Company Limited.

Signature and Designation of Authorised Officer

Name & NRIC No.

Company Stamp & Date

FINANCIAL REPRESENTATIVE NAME: \_\_\_\_\_

Contact No: \_\_\_\_\_

Signature: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Financial Representative No.: \_\_\_\_\_

Financial Representative IAC No.: \_\_\_\_\_ Date.: \_\_\_\_\_

**APPLICATION FORM**  
**Group Enhanced Life Accident Protector**



Company Worksite Code: \_\_\_\_\_

**WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.**

Please fill out, sign and submit this form to The Great Eastern Life Assurance Company Limited:

Name of Proposer: \_\_\_\_\_ Company Registration no.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Total No. of Employees: \_\_\_\_\_ No. of Employees Insured: \_\_\_\_\_

Period of Insurance: \_\_\_\_\_ to \_\_\_\_\_ Fax no.: \_\_\_\_\_  
 (Commencement Date) (Expiry Date)

**Checklist of Documents for submission: (Please Tick ✓)**

- Application Form       Accounting and Corporate Regulatory Authority (ACRA)  
 Insured Enrolment List       List of persons authorised to sign for Insurance acceptance (please state names and NRIC nos.)  
 Full cheque payment to 'The Great Eastern Life Assurance Company Limited'

**Basis of Coverage**

Employee Category (Management/Executive/ Clerical etc.)	Please indicate Plan Type (A, B, C or D)				Dependant(s) Cover (Yes/No) (If 'Yes', Dependant shall follow the main Insured Member)
	Plan A	Plan B	Plan C	Plan D	

**Proposer's Declaration**

1. We hereby declare that, to the best of our knowledge and belief, the information given here is true and complete, and agree that if a contract of insurance is effected, all information submitted in connection with the application shall form the basis of such contract between the Proposer and Great Eastern Life.
2. We agree that any misrepresentation or concealment of facts which are likely to influence the assessment and acceptance of this application may render the Policy, if issued, null and void and benefits may be lost.
3. We hereby acknowledge and agree that until Great Eastern Life has confirmed in writing its acceptance of our application for insurances hereunder in respect of any of our employees who is subject to underwriting, only our full time employees who are Actively at Work as at the commencement of insurance coverage will be eligible for such insurances. The premiums for such insurances in respect of those Restricted Employees shall be paid (on a prorated basis) upon acceptance.

Signature of Authorised Officer

Company Stamp & Date:

Designation: \_\_\_\_\_

Name: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

# LIST OF AUTHORISED SIGNATORIES FOR INSURANCE APPLICATION & ACCEPTANCE

**Important note: This form needs to be completed as part of the customer due diligence in compliance with MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism.**

Policyholder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

1. Please state all the authorised signatories and connected parties in a legal organization(including partnership)/legal arrangement.
2. "Connected Parties" refers to the person or persons connected to the customer such as any directors or any natural persons having executive authority in the legal entity, partners of a partnership and managers in a limited liability partnership or limited partnership. This also includes trustees, settlors, protectors, founders of a foundation and beneficiaries (of a trust, fund or foundation).
3. Where there are more connected parties and authorised signatories, please provide the details on additional forms.
4. Verification of all authorised signatories who are (a) Singapore Citizen/PR - NRIC or (b) Foreigner - Passport

## Authorised Signatories (Persons appointed to act on behalf of Policyholder)

Full name* (as in NRIC/ Passport)	Designation	NRIC/Passport No*	Date of Birth (DDMMYYYY)	Gender	Nationality
Residential Address*			Signature		

Full name* (as in NRIC/ Passport)	Designation	NRIC/Passport No*	Date of Birth (DDMMYYYY)	Gender	Nationality
Residential Address*			Signature		

Full name* (as in NRIC/ Passport)	Designation	NRIC/Passport No*	Date of Birth (DDMMYYYY)	Gender	Nationality
Residential Address*			Signature		

## Connected Parties (Persons with Executive Authority<sup>2</sup>)

Full name* (as in NRIC/ Passport)	Designation	NRIC/Passport No*	Date of Birth (DDMMYYYY)	Gender	Nationality

## Declaration by a Company Board Director/Person with Executive Authority:

I declare and confirm that the information provided in this form is accurate and complete.  
(Only for renewals) If the above is partial, the complete information will be furnished by (mm/yyyy):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/ Passport No.: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please provide the name (including aliases) as in NRIC/ Passport. Proof of address (for e.g. telco or utility bills, etc.) is required if:

- 1) address differs from the one stated in the NRIC, or
- 2) passport or employment pass is submitted





## For Authorisation of Payment Using 3rd Party Credit Card (If applicable)

Note: Please submit a copy of the cardholder's NRIC/Passport for verification purposes

I, \_\_\_\_\_ (name as per NRIC), NRIC/Passport No: \_\_\_\_\_, hereby authorise The Great Eastern Life Assurance Company Limited to charge my credit card account the premiums due and payable for the policy proposal/ policy herein in respect of my Family Member. "Family Member" shall mean spouse, children, parents, parent-in-laws, brothers and sisters.

By providing the information set out above, I agree and consent to Great Eastern and its related corporations (collectively, the "Companies"), as well as their respective representatives and agents, collecting, using, disclosing and sharing amongst themselves my personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for the purposes reasonably required by the Companies to effect the payment authorisation herein.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at

<https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which I confirm I/ have read and understood.

Credit cardholder's relationship with applicant (Select only 1 box)

Spouse

Child

Parent

Siblings

Son-in-law/  
Daughter-in-law

Parent-in-law

Credit cardholder's Contact Number:

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### Declaration by Financial Representative

- ✓ I have verified the relationship between the Proposer/ Policyholder and the Cardholder.
- ✓ I have witnessed and verified that the Cardholder's signature on this form is the same as the signature on the credit card.
- ✓ I have verified that the NRIC number of the Cardholder is the same as the NRIC number of the Cardholder written on this form. In the event of any damages, expenses or costs incurred by the Company due to incorrect details given above, I agree to bear any such damages, expenses and costs.

\_\_\_\_\_  
Cardholder's Signature / Date

\_\_\_\_\_  
Signature of Financial Representative



## Declaration

1. I/ We declare that the information I/ we have given to The Great Eastern Life Assurance Company Limited ("GE") in this proposal form and any documents are true and complete and I am/ we are fully responsible for the truth of the information given in these documents. If I/ we have withheld any information or given false information in this proposal, and GE issues the policy, I/ we agree GE reserves the right to terminate or void the policy. I/ We agree that all information given in this proposal together with any documents I/ we provide in relation to myself/ ourselves and/or the life assured under this policy will form the basis of the contract of insurance and any temporary insurance (if any), I/ we agree that I/ we will be legally bound by the information given once this proposal form is signed.
2. I/ We agree that (i) acceptance of this proposal shall be at GE's sole discretion at all times; and (ii) GE will have no liability until GE has accepted this proposal through its issuance of a letter of acceptance to me/ us and I/ we have paid the first premium in full.
3. I/ We authorise and agree to the following:
  - (a) Any medical source, insurance office, reinsurer or organisation can release my/ our and/or the life assured's 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 assess my/ our and/or the life assured's health in relation to any claims I/ we make under it; and
  - (c) GE can use or reveal as GE reasonably considers 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.

A copy of this authorisation shall have the same effect as the original.

4. 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.
5. 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.
6. 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.
7. In the event GE becomes aware that I am/ we are or I/ we 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, 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/ us 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.

8. I/ We declare that I am/ We are aware that the benefits of the policy will only be payable as a result of an accident.
9. I/We hereby agree that the benefits of this policy will not be payable if the claim event in the policy arose as a result of any pre-existing condition\* or disease.

\* Pre-existing condition is defined in the policy contract.

10. I/ We agree that any interim insurance coverage\*\* given shall only be applicable to the Life Assured ("interim insurance coverage") and only begins when GE receive this proposal ("the Proposal") fully completed and signed by me.

The interim insurance coverage will cease:

- (1) immediately upon the issue of GE's notice accepting conditionally or declining the Proposal; or
- (2) after 72 hours from GE's receipt of the Proposal; or
- (3) upon the Commencement Date of the insurance coverage under the issued policy, whichever is earlier.

\*\* For accidental death due to a sudden, unforeseen and involuntary injury, resulted from an event occurring independently of an illness, disease or any other causes. The sum payable is the proposed sum assured for accidental death or S\$500,000 whichever is lower provided that the liability of GE under this and all other insurances, including accidental death benefit and all other interim insurance coverage shall not exceed S\$1,000,000.

11. 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/ us, including but not limited to cash payments in the form of commission, costs of benefits and services paid to the distribution channel (where applicable).

## 12 For credit card payment

I, the Proposer and also the cardholder authorise GE to charge to my credit card account the premium amount due for the proposal. I further agree to the following terms and conditions:

- (i) This credit card authorisation will remain in force until terminated by the Proposer by giving at least one month's notice in writing to GE;
- (ii) The cardholder and/or Proposer accepts full responsibility for all transactions arising from the use of this credit card in payment of premium;
- (iii) GE shall not be held responsible for any claims, losses, damages, costs and expenses arising from the successful processing of the debit or the unsuccessful processing of the debit due to exceeding credit limit, malfunction of system, electricity failure and any other factors beyond the control of GE.
- (iv) GE may at its absolute discretion at any time terminate this credit card debit arrangement without assigning any reason by giving the Proposer one month notice in writing.
- (v) GE reserves the right to amend the terms and conditions set out herein at any time when circumstances warrant without prior written notice to the Proposer.
- (vi) The cardholder and/or Proposer hereby agree to indemnify and keep GE indemnified against any claims, losses, damages, costs and expenses which GE may suffer or incur arising from the cardholder's and/or Proposer's authorisation to debit the credit card account as aforesaid.
- (vii) Premium payments that are due will be considered as paid only upon successful processing of the debit by the Bank.
- (viii) If the cardholder is not the policyholder of the policy, he/ she has no right under the Contracts (Rights of the Third Parties) Act to enforce any of the terms and conditions of the policy. GE shall not be obligated to take any instructions from the cardholder in respect of the payment of any amount due to GE by charging the same to the relevant credit cards of the cardholder which is authorised herein. Any refundable premium will be paid to the policyholder of the relevant policy only. The cardholder shall seek recovery from the aforesaid policyholder only in the case of refund, and it will not contest the refunded premium. In the event of any proven fraud, GE shall have the sole discretion to determine the manner in which the payment shall be terminated and the person to whom the refund of relevant charges shall be made.

**13. 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.

**14. Marketing Consent**

We\* want to ensure that you fully enjoy our services and products as we update you on relevant news, promotions and advice. We will keep in touch with you through post, digital platforms (including social media), and email.

Please indicate below if you consent to us\* to also contact you for the above-mentioned purposes via the methods below:

- Phone number-based messaging (e.g. SMS/MMS, WhatsApp, WeChat)
- Voice Calls

Your privacy is of utmost importance to us and you can withdraw your consent via Great Eastern's website at any time.

\* We/us refers to Great Eastern, our related corporations, respective representatives and agents. For more details, please refer to the Privacy and Security Policy on Great Eastern's website.

**Warning:**  
It is usually detrimental to replace an existing accident and health insurance plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more, or have less benefits at the same cost.

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date

Name of Proposer: \_\_\_\_\_

## For Financial Representative's Completion (If applicable)

### DECLARATION BY FINANCIAL REPRESENTATIVE:

- 1 I confirm that all the answers provided to me by the Proposer and Life Assured are declared in the proposal. I have not withheld any other information which may affect GE's decision to accept this proposal.
- 2 If the Proposer is an individual:  
I have personally seen the Proposer and Life Assured and explained the terms of the policy to the Proposer. I have also sighted the original proof of identity of the Proposer, Life Assured and any Beneficial Owner(s) and certify that the particulars are the same as stated in the proposal.
- 3 If the Proposer is not a trust company and has its place of business in Singapore or any other permissible jurisdiction (country, state or region) as determined by GE ("Permissible Jurisdiction"):
  - (a) I have solicited the Proposer and the Life Assured for the policy in Singapore;
  - (b) I have personally seen the Proposer and Life Assured and explained the terms of the policy to the Proposer; and
  - (c) I have also sighted the original proof of identity of the Proposer and Life Assured and certify that the particulars are the same as stated in the proposal.
- 4 If the Proposer is a trust company and has its place of business in Singapore or any other Permissible Jurisdiction:
  - (a) I have solicited the Settlor and the Life Assured for the policy in Singapore;
  - (b) I have personally seen the Settlor and Life Assured and explained the terms of the policy to the Settlor; and
  - (c) I have also sighted the original proof of identity of the Trustee(s), Settlor, Life Assured and any Beneficial Owner(s) and certify that the particulars are the same as stated in the proposal.

### For credit card payment

- i) I have witnessed and verified that the cardholder's signature on this form is the same as the signature on the credit card.
- ii) In the event of any damages, expenses or costs incurred by GE due to incorrect details given, I agree to bear any such damages, expenses and costs.

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Signature of Financial Representative

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Date

For more information or to apply for an Enhanced Life Accident Protector Plan, simply contact your Designated B@W Consultant or the B@W Team.

 **Benefits\_Worksite@greateasternlife.com**

 **www.greateasternlife.com**

 **6248 2246 / 6248 2941**

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**Important Notes:**

This advertisement has not been reviewed by the Monetary Authority of Singapore.

Enhanced Life Accident Protector is offered exclusively to Benefits@Worksite clients only.

This brochure is for general information only. It is not a contract of Insurance. The precise terms and conditions of this insurance plan are specified in the policy contract.

It is usually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefit at the same cost.

Protected up to specified limits by SDIC.

Information correct as at 11 December 2019.