



Supplementary Form for non-Face-to-Face (NFTF) Sales Process

Proposer/Policyowner	Proposed Life Insured
Name:	Name:
NRIC / Passport Number:	NRIC / Passport Number:
Plan Name:	
Sum Assured:	
Proposer/Policyowner	
I hereby confirm and agree as follows:	
<ol style="list-style-type: none">1. This is an application for an insurance product provided by Etiqa Insurance Pte. Ltd. (“EIPL”).2. I have received and read through all pages of the Cover page, Policy Illustration, Product Summary and Bundled Product Disclosure Document (where applicable) for the plan, and understand the benefits of the plan.3. The Representative has explained the values, key benefits, and information in the Cover page, Policy Illustration, Product Summary and Bundled Product Disclosure Document (where applicable) to my satisfaction.4. I have provided information in the Application form and any supporting documents that are true, complete and accurate to the best of my / our knowledge.5. I will promptly update EIPL if any information supplied was incomplete, changed or has become inaccurate or misleading on the understanding that EIPL has the right to review the Application / validity and continuation of the Policy after receipt of the updated information.6. I have read and agreed to the declarations and authorisation as stated in the Application form.7. Statement on Solicitation by Policy Owner:<ul style="list-style-type: none"><input type="checkbox"/> I confirm and declare that the Representative, (name: _____) (RNF no: _____) has solicited the insurance business from me in Singapore;<input type="checkbox"/> This Application was signed or confirmed in Singapore.	
Representative	
<ul style="list-style-type: none">• I confirm that I have presented and explained the Cover page, Policy Illustration, Product Summary and Bundled Product Disclosure Document (where applicable for the plan) in respect of the product benefits and features to the Policy Owner.• I declare that all the answers provided to me by the Proposer are declared in the Application form. I have not withheld any other information which may influence the acceptance of this application.• I further confirm that the sales advisory was completed via non-Face-to-Face and I have sighted the original NRIC / Birth Certificate / Passport and verified the identity of the Proposer and Life Insured (if any).	

If a material fact is not disclosed in this Application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Representative but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application form.

Signature of
Proposer/Life Insured
Date (DD/MM/YYYY)

Signature of Life Insured
(if different from Proposer)
Date (DD/MM/YYYY)

Signature of
Representative
Date (DD/MM/YYYY)