



TOKIO MARINE

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. : 192300014M

80 Anson Road
#09-00 Fuji Xerox Towers
Singapore 079907

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Email : tmis@tokiomarine.com.sg

Website : www.tokiomarine.com.sg

TMcare (FOREIGN WORKERS): PROPOSAL TO ADD/DELETE EMPLOYEES

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP 142 (OR ANY SUBSEQUENT ADMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

IMPORTANT: 1) All additions must be reported within 30 days from end of each calendar quarter.

2) All deletions must be reported, otherwise no refunds will be made for the period prior to the date such notice is received.

Policy No.	Company Name
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Particulars of Insured Persons

(For ADDITION of Insured Persons)

No.	Name	FIN/Passport No./WP No.	Gender	Date of Birth (dd/mm/yy)	Effective Date (dd/mm/yy)
1.					
2.					
3.					
4.					
5.					
6.					

Particulars of Insured Persons

(For DELETION of employees under existing policy)

No.	Name	FIN/Passport No./WP No.	Gender	Date of Birth (dd/mm/yy)	Effective Date (dd/mm/yy)
1.					
2.					
3.					
4.					
5.					
6.					

Declaration

We declare that the foregoing answers are true, correct and complete, and, whether written by us or by anyone else on our behalf, we accept full responsibility for them. We have not withheld any material information. We agree that this proposal form together with the enclosed description and other particulars of each and every eligible employee and any other written statements, information or declaration made by us or on our behalf and any proposals submitted by the eligible employees for the purpose of the proposed insurances shall form the basis of the contract between us and Tokio Marine Insurance Singapore Ltd.

We warrant that we have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s), if any, payable to us under the Policy.

We undertake that we will not submit the names of any employee to be insured if they are currently absent from active work, are suffering from any serious illness or disease which endangers his/her life or working part-time

In the event of a claim, we will fully cooperate with Tokio Marine Insurance Singapore Ltd. to obtain the consent of the person to be insured to agree and authorise or we will agree and authorise any medical source, insurance office or organisation to release to Tokio Marine Insurance Singapore Ltd., or for Tokio Marine Insurance Singapore Ltd. to release to any medical source or insurance office, any relevant information concerning the person to be insured at the time.

Name & Signature of Authorised Officer

Company Stamp

Date

Intermediary Name/Account Code: _____ Contact No: _____

Date: _____