

## GROUP INSURANCE FACT-FINDING FORM

**KINDLY COMPLETE FULLY IN BLOCK LETTERS AND INK**

Kindly tick boxes [  ] where appropriate

**PERIOD OF INSURANCE** from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**REQUEST FOR QUOTATION** was submitted on \_\_\_\_\_  
(dd/mm/yyyy)

**REQUEST FROM** \_\_\_\_\_  
(Name of Insurance Company)

**1. GENERAL INFORMATION**

a) Name of Company: \_\_\_\_\_

b) Nature of Business: \_\_\_\_\_

c) Presently Insured: Yes / No  
 If **Yes**, Name of Current Insurer: \_\_\_\_\_

d) Type of Policy: \_\_\_\_\_  
 Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

e) Total Number of Employees: \_\_\_\_\_ No. of Employees to be insured: \_\_\_\_\_

f) Participation:  
*We would assume that participation of the group insurance program is on compulsory basis, unless otherwise **indicated with a tick here** below under "Participation - Voluntary".*

Insurance Coverage	Participation	
	Compulsory	Voluntary
Group Term Life		
Group Personal Accident		
Group Hospital & Surgical		
- for employees only		
- for dependants only		
Group Critical Illness		
Group Disability Income		

*Please note:*  
**Voluntary:** Participation is voluntary if employees or dependants are given the choice to opt for the cover(s).

**2. GROUP TERM LIFE INSURANCE**

a) **Basis of Coverage**

Category of Employees / Occupation		Basis of Coverage Sum Insured (S\$)
i)		
ii)		
iii)		
iv)		

Example 1:

Category of Employees / Occupation	Basis of Coverage
i) Senior Management (Director, General Manager, Senior Manager)	100,000
ii) Manager & Executive	50,000
iii) All Others	25,000

Example 2:

Category of Employees / Occupation	Basis of Coverage
i) All Employees	24 x Basic Monthly Salary

b) **Details of Employees**

Age Band (Age Next Birthday)	No. of Employees		Sum Insured	
	Male	Female	Male	Female
16 – 30				
31 – 35				
36 – 40				
41 – 45				
46 – 50				
51 – 55				
56 – 60				
61 – 65				
Total				

c) **Claims Experience for the past 3 years**

Period of Coverage From / To (dd/mm/yyyy)	Number of Insured as at <hr/> (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		Number	Amount	Number	Amount

*The Insurer reserves the right to request for more information.*

d) Is there any member terminally ill (e.g. cancer, kidney failure, etc) or in hospital? Yes / No  
 If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Reason for hospitalisation / : \_\_\_\_\_

Nature of illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e) Is there any member based outside Singapore? Yes / No  
 If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Country based in: \_\_\_\_\_

**3. GROUP PERSONAL ACCIDENT INSURANCE**

a) **Basis of Coverage**

Category of Employees / Occupation		Basis of Coverage Sum Insured (\$)
i)		
ii)		
iii)		
iv)		

Example 1:

Category of Employees / Occupation	Basis of Coverage
i) Senior Management (Director, General Manager, Senior Manager)	100,000
ii) Manager & Executive	50,000
iii) All Others	25,000

Example 2:

Category of Employees / Occupation	Basis of Coverage
i) All Employees	24 x Basic Monthly Salary

b) **Details of Employees**

Category of Employees / Occupation	No. of Employees		Sum Insured	
	Male	Female	Male	Female
i)				
ii)				
iii)				
iv)				
Total				

c) **Claims Experience for the past 3 years**

Period of Coverage From / To (dd/mm/yyyy)	Number of Insured as at (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		Number	Amount	Number	Amount

*The Insurer reserves the right to request for more information.*

d) Is there any member engaged in hazardous occupation? Yes / No  
 (Hazardous occupation e.g. welder, diver, rigger, sandblaster, offshore workers, etc)  
 If **Yes**, what is the nature of work? \_\_\_\_\_

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e) To the best of your knowledge, is there any member engaged in hazardous sports? Yes / No  
 (Hazardous sports e.g. scuba diving, motor racing, bungee jumping, etc.)  
 If **Yes**, what kind of sports? \_\_\_\_\_

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For your information: Occupational Classifications

Class 1	Clerical, administrative or other similar non-hazardous occupation
Class 2	Occupations where some degree of risk is involved e.g. supervision of manual workers, totally administrative job in an industrial environment
Class 3	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
Class 4	High risk occupations involving heavy manual work including hot works

#### 4. GROUP HOSPITAL & SURGICAL INSURANCE

##### a) Basis of Coverage

Category of Employees / Occupation		Average Age	Room & Board Benefit Plan
i)			
ii)			
iii)			
iv)			

**Important Note:** Dependants can be covered under Group Hospital & Surgical Plan. Their cover should be the same as the employee's cover.

##### Example 1:

Category of Employees / Occupation	R&B Benefit Plan
i) Senior Management (Director, General Manager, Senior Manager)	360
ii) Manager & Executive	200
iii) All Others	100

##### b) Details of Insured Members

	No. of Employees				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Employee Only					
Employee & Spouse					
Employee & Child(ren)					
Employee & Family					

##### c) Claims Experience for the past 3 years

Period of Coverage From / To (dd/mm/yyyy)	Number of Insured as at (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		Number	Amount	Number	Amount

The Insurer reserves the right to request for more information.

##### d) Kindly attach a copy of the Schedule of Benefits (if currently insured).

e) Is there any member terminally ill (e.g. cancer, kidney failure, etc) or in hospital? Yes / No  
If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Reason for hospitalisation / : \_\_\_\_\_

Nature of illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Kindly note that we would not reimburse the claims for any members in hospital at the time of application.*

f) Is there any member based outside Singapore? Yes / No  
If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Country based in: \_\_\_\_\_

g) Is there any member engaged in hazardous occupation? Yes / No  
(Hazardous occupation e.g. welder, diver, rigger, sandblaster, offshore workers, etc)  
If **Yes**, what is the nature of work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

h) To the best of your knowledge, is there any member engaged in hazardous sports? Yes / No  
(Hazardous sports e.g. scuba diving, motor racing, bungee jumping, etc)  
If **Yes**, what kind of sports? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. GROUP CRITICAL ILLNESS INSURANCE**

a) **Basis of Coverage**

Category of Employees / Occupation		Basis of Coverage Sum Insured (\$\$)
i)		
ii)		
iii)		
iv)		

Example 1:

Category of Employees / Occupation	Basis of Coverage
i) Senior Management (Director, General Manager, Senior Manager)	100,000
ii) Manager & Executive	50,000
iii) All Others	25,000

Example 2:

Category of Employees / Occupation	Basis of Coverage
i) All Employees	24 x Basic Monthly Salary

- b) Does this benefit advance on the term life death benefit or as an additional amount to the term life? Yes / No  
 If it is accelerating, what is the percentage? \_\_\_\_\_

c) **Details of Employees**

Age Band (Age Next Birthday)	No. of Employees		Sum Insured	
	Male	Female	Male	Female
16 – 30				
31 – 35				
36 – 40				
41 – 45				
46 – 50				
51 – 55				
56 – 60				
61 – 65				
Total				

d) **Claims Experience for the past 3 years**

Period of Coverage From / To (dd/mm/yyyy)	Number of Insured as at <hr/> (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		Number	Amount	Number	Amount

*The Insurer reserves the right to request for more information.*

e) Is there any member terminally ill (e.g. cancer, kidney failure, etc) or in hospital? Yes / No

If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Reason for hospitalisation / : \_\_\_\_\_

Nature of illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f) Is there any member based outside Singapore? Yes / No

If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Country based in: \_\_\_\_\_

g) If you are presently insured, please provide a list of critical illnesses covered.

**6. GROUP DISABILITY INCOME INSURANCE**

- a) If currently insured, please attach a copy of the definition of Disability.
- b) What is the waiting period required? \_\_\_\_\_
- c) What is the benefit duration required? \_\_\_\_\_  
(i.e. 2 years, 5 years, to age 60 Or 65?)
- d) Any requirement for partial disability benefits? Yes / No
- e) **Basis of Coverage**

	Category of Employees / Occupation	Monthly Salary (S\$)	Basis of Coverage Sum Insured (S\$) (% of Monthly Salary S\$)
i)			
ii)			
iii)			
iv)			

f) **Details of Employees**

Age Band (Age Next Birthday)	No. of Employees		Sum Insured	
	Male	Female	Male	Female
16 – 30				
31 – 35				
36 – 40				
41 – 45				
46 – 50				
51 – 55				
56 – 60				
61 – 65				
Total				

g) **Claims Experience for the past 3 years**

Date of Disability (dd/mm/yyyy)	Cause of Disability / Nature of illness	Claims Amount S\$	
		Paid	Outstanding

*The Insurer reserves the right to request for more information.*

h) Is there any member terminally ill (e.g. cancer, kidney failure, etc) or in hospital? Yes / No

If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Reason for hospitalisation / : \_\_\_\_\_

Nature of illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i) Is there any member based outside Singapore? Yes / No

If **Yes**, kindly provide the following details

Number of members: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Country based in: \_\_\_\_\_

j) Is there any member engaged in hazardous occupation? Yes / No

(Hazardous occupation e.g. welder, diver, rigger, sandblaster, offshore workers, etc)

If **Yes**, what is the nature of work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

k) To the best of your knowledge, is there any member engaged in hazardous sports? Yes / No

(Hazardous sports e.g. scuba diving, motor racing, bungee jumping etc)

If **Yes**, what kind of sports? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I / We hereby declare that, to the best of my / 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 this application shall form the basis of such contract between the client and the insurer.

\_\_\_\_\_  
Signature of Authorised Officer

Name:  
Designation:  
Company Stamp (if applicable):

Date:

I / We declare and acknowledge that I / we have reviewed this Group Insurance 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 Broker / Agent

Name / NRIC:  
Designation:  
Company Stamp (if applicable):

Date: