

i-MediCare Card Replacement Form

Details of policyholder

Company name

Details of employee

Name (as shown in NRIC or work pass)

NRIC number or FIN

Details of insured member

Name (as shown in NRIC or work pass)

NRIC number or FIN

Address

Contact number
(Hand phone)

(Office)

(House)

Reason for requiring replacement

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I confirm that I want to apply for a new card to replace the card that was issued to me under my i-MediCare insurance cover and I understand that I will need to pay for card replacement fee of \$10.

I confirm (a) that I understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" (PDUS) above and (b) on the representation and warranty made in the PDUS.

I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Signature of employee	Date (dd/mm/yyyy)
Signature of insured member (Insured member 16 years old and above needs to sign)	Date (dd/mm/yyyy)

Note: Please enclose a cheque of S\$10.00, made payable to "Income Insurance Limited", being the replacement fee for the i-MediCare card. Thank you.

For official use

Staff name	Staff code
Receipt of replacement fee <input type="checkbox"/> No <input type="checkbox"/> Yes Amount (S\$) : _____ Cheque number : _____	Date (dd/mm/yyyy) Staff signature