

## For company use – intermediary details and stamp

Intermediary company:	Fax number:
Contact/Advisor name:	Email address:
Telephone number:	Official stamp:

Please complete this form in BLOCK CAPITALS and send it to **Us** via **Your** intermediary, or Now Health International (Singapore) Pte. Ltd. 4 Robinson Road, #07-01A/02 The House of Eden, Singapore 048543.

**You** can also scan and email it to SingaporeService@now-health.com or fax it to +65 6220 6950.

**Plans** are underwritten by Sompo Insurance Singapore Pte. Ltd.

## Section 1: Planholder's details

First name(s):	Family name:
Membership number:	

## Section 2: What would You like to change?

Family name <input type="checkbox"/>	Address <input type="checkbox"/>	Email address <input type="checkbox"/>
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### Family name

Old name:	New name:
Date the change to take effect from (dd/mm/yyyy):      /      /	

*Please note that **We** need a copy of the official document e.g. marriage certificate to update **Our** records*

### Address

Old address:
New address:
Date the change to take effect from (dd/mm/yyyy):      /      /

### Email address

Old email address:	New email address:
Date the change to take effect from (dd/mm/yyyy):      /      /	

### Data privacy

**We** and the **Underwriters** will collect certain information about **You** in the course of considering **Your** application and, if a **Plan** is issued to **You**, conducting **Our** relationship with **You**. This information will be processed for the purposes of underwriting **Your** insurance coverage, managing any **Plan** issued and administering claims. **Your** information may be passed to **Underwriters, Medical Practitioners, Medical Assistance Companies and Claims Administrators** for these purposes, including those located outside Singapore. The same duty of confidentiality is required of any third parties to whom the administration of **Your Plan** may be subcontracted, including those based outside Singapore. **Your** name and contact details will not be disclosed to other organisations (except as stated above).

Now Health International may contact **You** with details of other products and services which may be of interest to **You**. **You** may be contacted by post, telephone or email if appropriate. If **You** do not wish this to happen please tick this box .

**You** have a right of access to, and correction of, information that **We** hold about **You**. Please contact **Us** if **You** would like to exercise either of these rights. Some of the information **We** collect about **You** may be classified as "sensitive" – that is information about racial or ethnic origin and physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including, in some circumstances, the need to obtain **Your** explicit consent before **We** process the information.

By signing this form **You** consent to the processing and transfer of information (including sensitive information) described in this notice. Without this consent **We** will not be able to consider **Your** application.

**Signature (Insured/main applicant):**

**Date (dd/mm/yyyy):**

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## ► Now Health International

### Singapore

Now Health International (Singapore) Pte. Ltd.  
4 Robinson Road  
#07-01A/02 The House of Eden  
Singapore 048543  
T +65 6880 2300 | F +65 6220 6950  
SingaporeService@now-health.com

## Other Now Health International Offices

### Asia Pacific

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### Indonesia

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Toll-free 0800 1 889900/ Toll + 62 21 2783 6910 | F +62 21 515 7639  
IndonesiaSales@now-health.com

### China

Asia-Pacific Property & Casualty Insurance Co., Ltd.  
c/o Now Health International (Shanghai) Limited  
Room 1103–1105, 11/F, BM Tower  
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### Europe

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Watchmoor Park, Camberley, Surrey, GU15 3YL, United Kingdom  
T +44 (0) 1276 602110 | F +44 (0) 1276 602130  
EuropeService@now-health.com

### UAE

Royal & Sun Alliance Insurance Middle East B.S.C. (c)  
c/o Now Health International Gulf Third Party Administrators LLC  
PO Box 502163, Al Shaiba Building, Dubai Outsource City, Dubai, UAE  
T +971 (0) 4450 1415 | F +971 (0) 4450 1416  
MEAService@worldcare.ae

### Rest of the World

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PO Box 482055, Dubai, UAE  
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GlobalService@now-health.com

### Plan Owners' Protection Scheme

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your plan is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association of Singapore (GIA)/Life Insurance Association of Singapore (LIA) or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Now Health International (Singapore) Pte. Ltd.(No.201317502C) is a general insurance agent of Sompo Insurance Singapore Pte. Ltd. and is registered with the Agents' Registration Board of the General Insurance Association of Singapore (GIA).

Registered at 16 Raffles Quay #33-03 Hong Leong Building Singapore 048581.

Visit [www.sompo.com.sg](http://www.sompo.com.sg) to find out more about Sompo Singapore.