

MODAL PREMIUM FORM

Proposer / Policyholder :
NRIC Number :
Policy Number :

I hereby declare that I wish to pay my premium on Monthly Frequency subject to a Modal Factor of 0.08833.

I further declare and agree that the Policy shall be subject to the following Modal Premium Clause:

Modal Premium Clause

Notwithstanding anything contained herein to the contrary it is hereby declared and agreed that the premium is payable on a modal frequency and is subject to the modal premium factor determined by the insurance company.

It is further declared and agreed that in consequence of the modal payment of premium the policy is subject to the following:-

- (a) Grace Period Condition is deemed to be deleted.*
- (b) No refund of premium will be allowed if the policy is cancelled by the Policyholder under the Cancellation of Policy Condition.*

Subject otherwise to the provisions, terms, exclusions and conditions of the policy.

Notwithstanding anything contained herein to the contrary, I confirm my understanding the policy is renewable on a yearly basis and the modal factor will be applicable to the relevant premium prevailing at the time of renewal.

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Date

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Signature of Proposer / Policyholder