Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

TOTAL AND PERMANENT DISABILITY CLAIM FORM

1. Notice of Claim

Written notice of claim must be given to us within 90 days from the date of disability certified by a specialist in the relevant field.

2. Claim Documents

The Assured shall, at his own expense, furnish medical reports, clinical, radiological, histological and laboratory evidence to us together with a fully completed claim form (refer to point 3 of Claim form).

Please submit a copy of the Assured's NRIC and a copy of the Life Assured's NRIC or birth certificate and the original policy contract.

If required, we may ask for further documents to be provided after our initial assessment of the claim.

3. Claim Form

The attached claim form consists of three (3) parts :

3.1 Part I Claimant's Statement (Page 2 to 5)
This is to be completed by the Assured of the policy. Please ensure that this form is fully completed, signed (in the same manner as that in our record) and dated.

3.2 Part II Attending Physician Statement for Total and Permanent Disability (TPD) (Page 6 to 12)
To be completed and signed by the Attending Physician who has certified the Life Assured's TPD. Please note that the fee for completion of the Attending Physician Statement shall be borne by the Assured.

3.3 Part III Clinical Abstract Application form (Page 13)
To be completed and signed by the Life Assured. Should the Life Assured be less than 21 years old, this form shall be completed by the parent or legal guardian of the Life Assured. Please ensure that this form is fully completed, signed, dated and witnessed.

4. Submission of Claim Form

You can submit the duly completed claim form, relevant medical reports, clinical, radiological, histological and laboratory test results required for assessment of the claim directly to :
DirectAsia.com, 88 South Bridge Road, Singapore 058716 (Attention : Claims Department).

5. Contact Us

Should you have any queries, please contact our customer service officers at our hotline at 6532 1818, between 8am and 8pm, Monday to Friday, or 8am and 5pm on Saturdays. You can also send us a fax at 6512 1416 or email us at Claim@DirectAsia.com for assistance.

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

Part I: Claimant's Statement – Total and Permanent Disability Claim Form					
Type of benefits you are claiming: ☐ TPD					
Policy No.					
Assured's Details:					
Name					
NRIC no.		Contact no.			
Current Address					
Life Assured's Details (if other than Assured):					
Name					
NRIC no.		Relationship with Assured			
This claim is submitted to AXA Life through DirectAsia.com.					
(A) Details of Condition Leading to Disability					
1.	Period of hospitalization (if any): Date admitted		Date discharged		
2.	Diagnosis :				
	(a) Describe fully the symptoms for which the Life Assured consulted a doctor.				
	(b) Date when the symptom(s) first commenced (dd/mm/yy) :				
	(c) Date when the Life Assured first consulted a doctor (dd/mm/yy) :				
	(d) What was the doctor's diagnosis?				
	(e) Date of diagnosis (dd/mm/yy) :				
	(f) Date when the Life Assured was informed of the above diagnosis (dd/mm/yy) :				
	(g) Name and address of doctor who first made the above diagnosis.				
	(h) State the details of ALL doctor(s) or hospital(s) whom the Life Assured has consulted for the above condition.				
	Doctor(s) or Hospital(s) & Address	Date(s) consulted	Purpose & details of consultation(s)		
	(Please continue your documentation on a blank page if there are more than 3 records and attach it with this claim form)				
3.	If the Life Assured's condition was due to an accident, please provide details:				
	(a) Date of accident (dd/mm/yy)		Time of accident	(am/pm)	

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

	(b) Place of accident :
	(c) Type of accident : ☐ Road traffic accident ☐ Industrial accident ☐ Sports accident ☐ Cut by sharp objects or substance ☐ Slipped and fell ☐ Burns or scalds ☐ Others (please specify):
	(d) Describe how the accident happened.
	(e) Describe the extent of body injuries and parts of the body injured.
	(f) Was the accident reported to the police? ☐ Yes ☐ No If yes, please provide a copy of the investigation report and the contact details of the police officer-in-charge.
4.	Nature of treatment rendered to the Life Assured:
	(a) Nature of surgery done or will be done :
	(b) Date of surgery:
	(c) Types of tests or investigations done or will be done. (example, x-ray, ECG, CT scan, biopsy, blood test)
	(d) Other types of medical treatment :
5.	State the details of the doctor(s) or hospital(s) whom the Life Assured is *currently* on follow up for this condition.

Doctor(s) or Hospital(s) consulted	Address(es)	Date(s) consulted

(Please continue your documentation on a blank page if there are more than 2 records and attach it with this claim form)

6.	Has the Life Assured *previously* suffered from or received treatment for similar or related illness *prior to* this episode? ☐ Yes ☐ No If yes, please provide details:

Doctor(s) or Hospital(s) consulted	Address (s)	Date(s) consulted

(Please continue your documentation on a blank page if there are more than 2 records and attach it with this claim form)

7.	Have any of the Life Assured's blood relatives suffered from a similar or related illness? ☐ Yes ☐ No If yes, please provide details:

Relationship of relative with Life Assured	Nature of illness	Diagnosis date

(Please continue your documentation on a blank page if there are more than 3 records and attach it with this claim form)

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

(B) Details of the Disability and Occupation

1. (a) Life Assured is currently confined to: ☐ bed ☐ house ☐ wheelchair ☐ neither

(b) Life Assured's current mobility state is: ☐ Ambulating without aid ☐ ambulating with walking aid ☐ bounded to wheelchair ☐ bounded to wheelchair/bed ☐ Others (please specify)

(c) Date when the Life Assured last attended to his usual work prior to the disability (dd/mm/yy):

(d) Has the Life Assured returned to work or is expected to return to work? ☐ Yes ☐ No

If yes, please provide the date when the Life Assured returned to work or is expected to return to work.

2. (a) State the details of Life Assured's occupation as follows:

	Before Disability	**After Disability**
Occupation		
Description of the exact duties performed at work		
Name and address of employer		
Average monthly income (S$)		

b) If the Life Assured is not working prior to disability, please provide a list of activities of daily living (such as washing/ bathing, dressing, transferring, mobility, toileting and feeding) that the Life Assured is capable of performing before and after the disability.

	Before Disability	**After Disability**
Description of the activities of daily living		

(C) Other Information

1. Please provide details of all regular doctors of the Life Assured consulted for any other illness and medical complaints in the past.

Doctor(s) or Hospital(s)	Address(es)	Date(s) consulted	Purpose & details of consultation(s)

(Please continue your documentation on a blank page if there are more than 2 records and attach it with this claim form)

2. (a) Does the Life Assured smoke cigarettes? ☐ Yes ☐ No

If yes, please state the number cigarettes smoked per day and for how long he has been smoking.

(b) If the Life Assured has stopped smoking, when did he stop?

3. Is the Life Assured claiming from any other insurance company or other sources in respect of this illness? ☐ Yes ☐ No

If yes, please enclose a copy of their settlement letter and provide details:

Name of company	Amount claimed (S$)	Policy No. (if applicable)

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

(D)	**Delivery Method**
	I would like the claims correspondence, including cheque payment (if any), to be sent to me through the following method (please tick): ☐ mail directly to me ☐ self collect ☐ I authorise _____(Name) _____(NRIC No.) who is my _____(Relationship) to make collection on my behalf.
(E)	**Declaration**
	I/We, the Assured and Life Assured of the above policy declare that the statements and answers given above are true, correct and complete to the best of my/our knowledge and belief and that I/we have not made any false or fraudulent statement, any suppression and concealment of facts.
(F)	**Consent for Information on the Life Assured**
	I, the Assured under the above policy, agree and authorise any medical source, insurance office, or organisation to release to AXA Life Insurance Singapore Pte Ltd; and AXA Life to release any medical source, or insurance office any relevant information concerning the Life Assured at any time, for the purpose of the assessment of this claim. I fully understand that the fees (if any) payable for any reports obtained for this purpose shall be borne by me and hereby give my consent to the fees being deducted from the claim if it is admitted. By signing below, I indicate that I have read, understood and agree to the Privacy Statement attached to this form. _____ _____ Signature of Assured Date _____ _____ Signature of Life Assured (if other than Assured and above aged 21) Date
(G)	**Checklist for Claimant**
	Please ensure that the following are in order for our processing of the claim: • Do not leave any questions on the claim forms unanswered. • Attending Physician Statement for TPD has been completed and signed by the doctor at your own expense. • Supporting radiological, histological and laboratory evidence (if any) are attached. • Assured and Life Assured's signatures are the same as in the policy record. • For claim on payor benefit, a copy of the birth certificate (for child) or marriage certificate (for spouse) is attached for proof of relationship. • A copy of the identity card of the Assured and Life Assured are attached.

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

Part II: Attending Physician Statement – Total and Permanent Disability

Instruction to doctor: This patient is insured with us against the happening of certain contingent events associated with his health. A claim has been submitted in connection with Total and Permanent Disability (TPD). To enable us to assess the claim, please complete this report and return it directly to our company. For questions where date is applicable, please complete in the format of day/month/year.

To be completed and signed by the Attending Physician

I hereby certify that I personally examined the patient and my records and medical opinion are as follows:

1.	Name of patient		NRIC no.	

2. Are you the patient's regular medical attendant? ☐ Yes ☐ No

If yes, please provide details beginning with the first record in your clinic:

Date(s) consulted	Purpose & details of Consultation(s)	Diagnosis	Nature of treatment rendered, including type of tests and/or surgeries done

(Please continue your recording on a blank page if there are more than 3 records and attach it with this report)

If no, do you know the name and address of the patient's regular medical attendant(s)? ☐ Yes ☐ No

If yes, please provide details:

Name of medical attendant	Address

(Please continue your recording on a blank page if there are more than 2 records and attach it with this report)

3.	Details of the consultation
3.1	Date you were first consulted for the illness or injury leading to disability:
3.2	Dates of all subsequent visits:
3.3	State the symptoms and medical history presented by the patient and date when the symptoms first appeared.

Symptoms presented at first consultation	Date symptoms first started

3.4	Where is the source of this information about the patient's condition? (Patient, referring doctor or others. If others, please specify)
3.5	In your opinion, how long ago do you think the symptoms first appeared prior to consulting you?

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

3.6	If the patient was referred to you OR if the patient had seen other doctor(s) before consulting you for this medical condition or its symptoms, please provide details.		
	Name of doctor(s) or hospital(s)	Address of doctor(s) or hospital(s)	Date consulted or date referred to you
	(Please continue your recording on a blank page if there are more than 3 records and attach it with this report)		
4.	Details of the illness or injury leading to disability		
4.1	Details of diagnosis:		
	Doctor's diagnosis		
	Diagnosis date		
	Underlying cause (if any)		
4.2	Date when patient was first informed of the diagnosis:		
4.3	Name of doctor or hospital who first made the diagnosis:		
4.4	Is the patient's condition caused by an injury due to an accident? ☐ Yes ☐ No If yes, please provide details:		
	(a) Date and time of accident:		
	(b) Place of accident:		
	(c) Describe how the accident happened:		
	(d) Was the patient under the influence of alcohol at the time of accident? ☐ Yes ☐ No If yes, please state the blood alcohol content:		
	(e) Was the accident reported to the police? ☐ Yes ☐ No If yes, please provide name and contact details of the police division and police officer-in-charge.		
4.5	Was the diagnosis supported by histology, radiological or laboratory evidence?		
	(a) If yes, please state mode of investigation done and attach copies of all reports.		
	(b) If no, why and on what basis did you derive at such diagnosis?		

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

4.6	Is the patient's condition or disability in any way related or due to:		
	(a) AIDS or HIV related illness?	☐ Yes	☐ No
	(b) Use of drug not prescribed by a registered medical practitioner or drug abuse?	☐ Yes	☐ No
	(c) Alcohol abuse/misuse?	☐ Yes	☐ No
	(d) Congenital anomaly or defect?	☐ Yes	☐ No
	(e) Attempted suicide or self-inflicted injuries?	☐ Yes	☐ No
	If yes for (a) to (d), please provide details and enclose a copy of the test result.		
	Diagnosis date		
	Name and address of doctor who first diagnosed the patient with the above conditions		
5.	Details of treatment and surgery		
5.1	State the full details of all treatment provided (example medication, therapy).		
	Nature of treatment	Date(s) of treatment	
5.2	Was there any surgery performed or going to be performed? ☐ Yes ☐ No If yes, please provide details and enclose a copy of the operation report:		
	Nature of surgery performed or going to be performed	Date(s) of surgery	
5.3	Patient's response to the treatment:		
5.4	Was the patient referred to other doctor(s) for follow up or further management? ☐ Yes ☐ No If yes, please state name and address of doctor(s) or hospital(s) and the reason(s) for referral.		
5.5	Is the patient still on follow up treatment with you? ☐ Yes ☐ No If yes, please state the current treatment plan.		

6.	Current disability status and extent of disability
6.1	Date when the patient was last assessed for his disability status by you:
6.2	On the date of the last assessment under 6.1, please provide your assessment result on the patient's *disability status* by completing the following:

(a) Describe fully the nature and severity of the patient's current physical disabilities and neurological limitations.

(b) How long have the neurological deficits lasted since the initial episode? Please provide the duration in weeks.

(c) Are these neurological deficits likely to be permanent? ☐ Yes ☐ No

If yes, please provide details.

(d) State the progress of recovery of the patient:

☐ Recovered ☐ Improving ☐ Stationary ☐ Retrogressed

(e) State the current state of mobility of the patient:

☐ Ambulating without aid ☐ Ambulating with aid ☐ Confined to home ☐ Confined to bed

☐ Confined to hospital ☐ Confined to wheelchair

(f) If the patient is confined to a home, bed, hospital or other institution that provides constant care and medical attention, when did such confinement start?

(g) Does the patient have full power of all limbs? ☐ Yes ☐ No

If no, please state which limb(s) do not have full power and state the current power of the affected limbs.

(h) Is the patient currently able to perform the following activities of daily living (ADL) without assistance?

i)	Ability to feed oneself	☐ Yes ☐ No
ii)	Ability to wash and bathe oneself	☐ Yes ☐ No
iii)	Ability to dress, undress, secure and fasten all garments and any surgical appliance of oneself	☐ Yes ☐ No
iv)	Ability to attend to own toilet needs	☐ Yes ☐ No
v)	Ability to move from a bed to an upright chair or wheelchair and vice versa	☐ Yes ☐ No
vi)	Ability to move indoors from room to room on level surfaces	☐ Yes ☐ No

(i) Please give full details with respect to the patient's MENTAL abilities and cognition.

6.3	On the date of the last assessment under 6.1, please provide your assessment result on the patient's *extent of disability and employability* by completing the following:
	(a) State the patient's usual occupation before disability and the nature of his normal duties.
	(b) Given the patient's current disability, is he able to perform all or partial duties of his current occupation? ☐ Yes ☐ No If yes, please state the date that the patient has returned or is expected to return to his normal duties.
	If no, please elaborate how the patient's current disability has prevented him from performing the listed duties of his occupation under 6.3(a).
	(c) If the patient is unable to return to his current occupation listed under 6.3(a) due to his current disability, is he able to engage in any OTHER occupation now or in the future? ☐ Yes ☐ No If yes, please provide details:
	i) What type of occupation(s) and duties is he capable of performing?
	ii) When is he expected to engage in the occupation(s) stated under 6.3(c) i)?
	If no, please elaborate how the patient's current disability has prevented him from performing any other occupation now or in the future.
6.4	Please give date of next review with your clinic/hospital:
7.	Prognosis and Rehabilitation
7.1	Is full recovery expected? ☐ Yes ☐ No If yes, how soon is the patient expected to recover from his disability? (State the duration in weeks or months)
	If no, please state the extent of the patient's recovery progress and approximate date.
7.2	Please state any further treatment or rehabilitation plan and for how long it is expected to last.
7.3	Please state the name and address of doctor or hospital whom the patient is currently on follow up with.

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

7.4	In your opinion, is the patient's disability "TOTAL and PERMANENT and such that there is neither then nor at any time thereafter any work, occupation or profession that the person concerned can ever sufficiently do or follow to earn or obtain any wages, compensation or profit"? ☐ Yes ☐ No If yes, please elaborate how you derived at the conclusion.
	Date when such disability commenced (dd/mm/yyyy):
8.	Regarding the patient's medical history
8.1	Has the patient *previously* suffered from the same condition or any related illness? ☐ Yes ☐ No If yes, please provide details:

Date when condition was first diagnosed	
Resulting diagnosis	
Name and address of doctor or hospital who made the first diagnosis	

8.2 Has the patient suffered from any other medical conditions? ☐ Yes ☐ No

If yes, please provide details:

Name of doctor(s) or hospital(s)	Diagnosis	Diagnosis date	Nature of treatment rendered, including type of tests and/or surgeries done

(Please continue your documentation on a blank page if there are more than 4 records and attach it with this report)

8.3 Is there anything in the patient's personal medical history which would have increased the risk of disability?

☐ Yes ☐ No

If yes, please provide full details, including the date of diagnosis, name and address of attending doctor and source of information.

8.4 Is there anything in the patient's family history which would have increased the risk of disability? ☐ Yes ☐ No

If yes, please provide full details, including relationship, nature of illness, date of diagnosis and source of information.

8.5 Please provide details of the patient's habits in relation to cigarette smoking, including the duration of the smoking habit, number of cigarettes smoked per day and source of information.

8.6	Please provide details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumed per day and source of information.
9.	Please provide us with any other additional information that will enable us to assess this claim.

Date

Name and signature of doctor

Address and official stamp

Qualifications

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

Part III: Clinical Abstract Form

Dear Sir,

Application for a Medical Report on _____ (Name)

_____ (NRIC or birth certificate no.*)

Purpose of the medical report FOR INSURANCE CLAIM

I, the undersigned, give you the authorisation to furnish AXA Life Insurance Singapore Pte Ltd with a medical report on the above-named for the purpose stated above.

I confirm that a photocopy of the signed original Clinical Abstract Form is as valid and effective as the original Clinical Abstract Form.

Below are the details of the above-named's consultations at your hospital or clinic*.

Date of admission or consultation* _____

Date of discharge _____

Name of doctor _____

_____	_____
Signature of patient or patient's parent or patient's legal guardian*	Signature of Witness
_____	_____
Name of patient or patient's parent or patient's legal guardian*	Name
_____	_____
NRIC No.	NRIC No.

* Please delete where applicable

Note :-
- If the patient is below 21 years old, authorisation for the medical report is to be made by the parent or legal guardian of the patient.
- Please send the report directly to :
  DirectAsia.com, 88 South Bridge Road, Singapore 058716 (Attention : Claims Department).

Distributed by:
Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:
AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

DIRECTASIA.COM PRIVACY STATEMENT

About us
We are Direct Asia Insurance (Singapore) Pte Ltd ("**we**", "**us**" or "**Direct Asia**"). We provide our own insurance products and services and those of our selected partners, mostly online via our website: www.DirectAsia.com, by telephone and at our offices.

Our Security and Privacy Statement ("Privacy Statement")
This Privacy Statement sets out the basis on which any personal information we collect from you, or that you provide to us, will be processed by us and our partners, so please read it carefully. By using our website and/or by purchasing our insurance products either online, by telephone or at our offices, you consent to your personal information being processed by us in the manner described in this Privacy Statement. This is our current Privacy Statement. It replaces any previous Privacy Statement published by us.

Your privacy and security are important to us
Your privacy is important to you and it's important to us. It's a responsibility we take very seriously. We value the personal information you give us and will take all reasonable precautions to prevent unauthorised access to that information.

How to contact us
Questions, comments and requests regarding this Privacy Statement are welcomed and should be addressed to our data protection officer.
Our data protection officer can be contacted at **dpo@directasia.com**.
To access or correct your personal information, please see below.
To unsubscribe from receiving marketing materials, please see below.

Why do we collect personal information?
We need personal information to be able to:
- give you an accurate quote;
- identify insurance products and services for you;
- process your application for insurance products and services and carry out variations, cancellations, endorsements or renewals;
- supply insurance products and services to you;
- manage and administrate your insurance policies;
- assess and pay any claims;
- communicate with you, respond to your queries and verify your identity;
- improve our services and performance;
- compile statistics to allow us to improve our products and services for you;
- for quality and training purposes;
- for security purposes; and
- prevent and detect fraud or loss.

What type of personal information do we collect?
The personal information we collect includes your name, identification number, address, date of birth, contact details (for example phone and email), driving and other background history and information about your insurance experience, including data about your transactions with us. We may also collect personal information about someone else from you, for example when you apply for a product or service in joint names or where you are nominating other people on your policy (for example another driver or travel companion). If you provide personal information to us about someone else, you're responsible for telling the other person that you've provided personal information about them to us.

How do we collect personal information?
We collect personal information when you use our website, when you call us, when you visit our offices or when you otherwise get in contact with us. While we will collect most of the information from you, we might also collect personal information about you from someone else when we are processing your application for insurance coverage or are assessing a claim under your policy. This may include another insurer, an insurance investigator, claims manager or a medical provider. At our offices we may record you using CCTV for quality, training, security and record keeping purposes.

What about other information – non-personal information?
When you visit and browse our website, we also collect general information (like your internet protocol (IP) address) that won't personally identify you. This information allows us to maintain, evaluate and improve our site's performance. We may also collect and use aggregated non-personal information to assess our offerings and to consider improvements to our products and services.

Will we send you advertising and marketing materials?
From 2 July 2014, for new customers we will only send you marketing materials about our products and services or those of selected third parties if we have your consent to do so. We will normally obtain your consent when you purchase a policy from Direct Asia. For all customers, when we send you marketing materials, we will provide you with an unsubscribe facility, in case you decide that you do not want to receive marketing materials. You should follow the instructions which are included in the marketing materials, if you wish to unsubscribe. Or you may contact us at **unsub@directasia.com**.

Will we disclose your information to others?
So we can provide you with the insurance that suits you, we may disclose your personal information on a confidential basis to other parties who help us provide our products and services. This may be our group companies, other insurers, parties involved in supporting the claims process like loss adjusters, managers and assessors, repairers and suppliers, investigators and recovery agents. We may also disclose to police, credit enforcement groups, legal advisors and health providers assisting us to provide our services to you. Those group or external companies who assist us to web-host, help us maintain our website, provide communication services (like mailing) and problem solve may also have access to your personal information for the sole purpose of providing those services.

Some group or external companies may gather non-personal information to evaluate the effectiveness of our online marketing activities. We impose security and confidentiality requirements on how these parties handle your personal information and we limit the use of it to the specific purpose for which we supplied it. In addition, we may disclose your information where there is a legal or regulatory requirement to do so.

Will we transfer your information outside of Singapore?
Where our partners who help us in the administration or operation of our organisation are based in other locations (e.g. our back-up data centre in Hong Kong), your information may be transferred outside of Singapore. We will only do so in accordance with applicable laws.

Access to your information and ensuring it is up-to-date
If at any time you believe the personal information we have about you is not accurate or up-to-date, please contact us at **CustomerService@DirectAsia.com** or on **666 55555** and we'll change it promptly. If you would like a copy of some or all of the personal information we hold about you, please contact us at **CustomerService@DirectAsia.com** or on **666 55555**. We will provide the copy to you within a reasonable time and we may charge you an amount for our reasonable costs for providing the copy to you.

How long will we keep your personal information for?
We will only hold your personal information for as long as is necessary for the purposes described in this Privacy Statement or for legal or business purposes.

Dealing with other people
If you authorise someone else (for example your relative) to provide your personal information to us, then you also authorise such other person to provide your consent to this Privacy Statement. We will deal with your spouse or partner if they call us on your behalf provided they are named on the policy and they satisfy our identification and verification checks. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf and with your consent. If at any time you want us to deal only with you, please let us know.

How do we protect your personal information?
The protection of your personal information is a priority for us. We take all reasonable precautions to protect your personal information from loss, misuse and any unauthorised access, modification or disclosure. Your personal information is stored on our computer systems which are protected from unauthorised access by physical security methods and a combination of technologies (firewalls, secure logon processes, encryption and intrusion monitoring technologies). The information you provide to us via our website is securely encrypted as it travels between your computer and our computers. The secure connection is over a protocol called secure socket layer - SSL, making it difficult for others to access your information. Two ways of knowing when you are using a secured section of our website is to look for the small padlock symbol in the bottom right hand corner of your browser and secondly the web address in your browser window will start with "https" instead of "http". However, the transmission of information via the internet is not completely secure. Although we will do our best to protect your personal information, we cannot guarantee the security of your personal information provided to us via the internet, and any transmission is at your own risk.

What you can do to protect your personal information
There are things you can do to secure your online experience:
• Antivirus and Spyware Protection. Install a commercial quality antivirus/spyware protection software package on your computer.
• Firewall. Make sure you have an active firewall. A firewall is a device that prevents unauthorised users from accessing or connecting to computers or networks.
• PC Operating System. Keep your computer's operating system up to date with the latest updates.
• Log out. Always remember to log out from the Direct Asia Insurance session when you have completed your transactions. Do not leave your computer unattended while internet transactions are being processed.
• Clear your cache. We strongly recommend that you clear your browser's cache after each internet session. Cache files on your computer can retain images of data sent or received over the internet, making you a potential target for a system hacker.
• Do not share your passwords with other people and keep your information, whether in electronic form or on paper, private.

What happens when you make an online payment?
When you make a payment on our website using your credit card, your credit card number is passed in a secure manner between our website and third party payment providers, such as the issuer of your credit card. We use an industry recognised payment service provider to process any insurance payments you make using this website. The service provider is required to protect your personal information on our behalf.

Communicating with us via the internet
Our website enables you to communicate with us electronically using the internet. We need your email address in order to respond to your communications with us. We WILL NOT ask you to verify your identity by email. An email which appears to come from us, or which claims to be sent by us - asking for personal information should not be opened. It should be deleted immediately as it's likely to be an attempt to acquire (wrongfully) your personal details (called 'phishing'). If we need to verify your identity, we will contact you by telephone. We keep the content of email correspondence you have with us as it will help us understand your needs and provide you with assistance.

Do we use Cookies?
We use cookies as a part of interaction with your internet browser. Cookies help us to provide you with a customised service and to enable our website online insurance quotation and purchase process. Cookies may also be used to record non personalised information such as the date, time or duration of your visit or the pages accessed, for website administration, statistical and maintenance purposes. However, any such information will be aggregated and not attributed to individual users. If you would like to change the way websites identify you, you should change the cookie settings in your browser settings.

Links to other sites
We may provide links to other websites which may be of interest to you. These other websites are not subject to this Privacy Statement and you should read the privacy and security statements on those websites to understand how they deal with your personal information. We shall not be held liable for any loss or damage suffered by you arising from your access and/or use of these websites.