

Group Life & Health Underwriting

Group Policy No.:

G 0 0 7 5 0 0



APPLICATION FOR REINSTATEMENT OF LAPSED POLICY

IMPORTANT NOTE: Pursuant to Section 23(5) of the Insurance Act 1966, you are to disclose in this form, fully and faithfully, all facts which you know or ought to know, otherwise, nothing may be payable under the policy.

A. PARTICULARS OF APPLICANT (Please complete in capital letters)

* Please delete accordingly

*NRIC/Passport/BC No. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	Date of Birth(ddmmyyyy) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	Age Next Birthday <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	Occupation and Exact Nature of Duties: <div style="border-bottom: 1px solid black; height: 20px; margin: 2px;"></div>
Full name as shown on NRIC/Passport/BC (Underline Surname) *Mr/Mrs/Mdm/Ms/Dr <div style="border: 1px solid black; width: 400px; height: 20px; margin: 2px;"></div>			Name of Company: <div style="border-bottom: 1px solid black; height: 20px; margin: 2px;"></div>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Tel No. (H): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>
Nationality: _____ Email Address: _____			(O): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>
Relationship (tick one): <input type="checkbox"/> Main insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child			
Please complete one reinstatement form for each insured member.			

B. HEALTH DECLARATION FORM

If you are unsure whether any information is material or not, you are advised to disclose it.

(Note: Any alteration in the form must be signed.) Height: _____ Weight: _____

1. Have you ever had or been told to have or been treated for:		Please tick only one	
		Yes	No
a. epilepsy, stroke, neurological disorders, disorder of the eyes, ears, nose or throat, asthma, blood pressure problem, heart disorders, diabetes, high cholesterol, thyroid disorders, hepatitis, liver disorders, bladder disorders, intestinal or bowel disorders, blood or protein in urine, kidney disorders, prostate disorders or genito-urinary disorders, cancer, tumours, cysts or growths of any kind, slipped disc, gout, arthritis, disorders of the muscles, spine, limbs or joints, depression, anxiety, mental or nervous disorders, anaemia or any other disorders of the blood, AIDS, HIV or venereal disease, drug addiction, alcoholism or any other illness, physical injuries or abnormalities not listed above?			
b. For Female Applicant Only: breast lumps, fibroadenoma, cysts, fibroids, ovarian cysts, endometriosis, adenomyosis or any disorders of the female reproductive system?			
2.	Have you been admitted to any hospital and/or had any surgery, accident, illness or injury in the last 5 years?		
3.	Have you ever been recommended by a doctor to receive any medical treatment, undergo any medical tests, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine?		

4.	Have you ever consulted any specialist/doctor and/or investigations done and/or prescriptions provided for any drugs or medications for any medical conditions other than common illness e.g. Flu, Cough, etc?		
5.	Have you ever engaged in activities that will increase the likelihood of exposure to any immunity disorder, such as AIDS or AIDS related conditions or in the last 3 months had experienced the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, unusual skin lesions		
6.	Have you ever engaged in hazardous activity such as aviation (other than as a private paying passenger), scuba diving, motor racing, mountaineering, etc? (SAF occupations and training are exempted)		
7.	Have you ever been rejected or accepted at special terms for any application, renewal or reinstatement of life, health or any other insurance policy?		

If any of the answers to the above questions is YES, please **PROVIDE COMPLETE INFORMATION** and **MEDICAL REPORTS**, if necessary, please attach a separate sheet.

Sub Qn (Eg. 1a, 2)	Details of Diagnosis/Treatment/Operation	Date		Name & Address of Doctor/Hospital
		From	To	

C. PERSONAL DATA CONSENT(S)

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

On behalf of myself and all proposed insured lives, I/we consent to Singlife disclosing and transferring my/our personal data to a new insurer selected by Public Service Division (PSD), Prime Minister's Office, MINDEF or MHA for the purpose of facilitating and/or administering insurance coverage with the new insurer.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

D. DECLARATION

I/We understand and agree on the following:

- a) Singapore Life Ltd reserves the right to call for any medical evidence necessary for the proof of mine / our good health. Such medical evidence shall be submitted by me (if required) and at my own expense.
- b) That the lapsed insurance shall be considered reinstated / restored only when Singapore Life Ltd had issued an official letter of confirmation. Singapore Life Ltd reserves the right not to accept any application and the decision of Singapore Life Ltd shall be final.
- c) Singapore Life Ltd shall not be liable for any claim(s) arising between the date of the insurance lapsed and the date of insurance was / were reinstated or any claims arising from any illnesses, physical impairment, defects, accident or any of the matters referred to in the application, not disclosed to Singapore Life Ltd.
- d) I declare that the information given above is true and complete to the best of my knowledge and understand that any misrepresentation or concealment of material facts shall render the policy to be issued null and void. I understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singapore Life Ltd.
- e) I agree to inform Singapore Life Ltd if there is any change in the state of my and/or my dependent(s)'s health or my and/or my dependent(s)'s activities between the date of this Health Declaration and the date of full insurance coverage is provided by Singapore Life Ltd to me and/or my dependent(s). I understand that the terms of accepting me and/or my dependent(s) as a risk for insurance coverage may vary according to such information.

Signature of Applicant

Signature of Dependent (Age 16 and above)
(If applicable)

Date (dd/mm/yyyy)

How to make payment

By GIRO (for DBS/POSB Internet Banking users - SGD Currency only)	<ul style="list-style-type: none"> • Please login to www.DBS.com.sg and select 'Pay - Bills and Cards'. • Select 'Add GIRO Arrangement'. • Select your account number for this GIRO arrangement. • Select 'Singlife (Health)' as the Billing Organisation (BO). • For Billing Reference, please key in '0686' followed by your 8-digits Client Reference Number as the Bill Reference No. and click 'Confirm'. • You will receive a notification letter from Singlife advising you of the start date of the GIRO deduction. Alternatively, you can download a copy of Interbank GIRO Application Form: • For MINDEF: https://singlife.com/downloads/mindef/ • For MHA: https://singlife.com/downloads/mha/
By DBS Internet Banking (SGD Currency only)	<ul style="list-style-type: none"> • Bill Payment is available under DBS Internet Banking. Please select "Singlife-Group Life & Medical" as the payee and indicate Client Reference Number as the Consumer Reference Number.
By AXS Stations (SGD Currency only)	You can pay your Insurance Premium at all AXS Stations in Singapore via ATM cards. For information on the locations of AXS Stations, please visit www.axs.com.sg or call the AXS hotline at 6560 2727.

GIRO Deduction Schedule

Payment Methods	Deduction Date (1 st attempt)	Deduction Date (2 nd attempt if 1 st attempt fail)
Interbank GIRO	10 th of the each month	25 th of the each month
Important Notes	<ul style="list-style-type: none"> • If the deduction date falls on a weekend or Singapore Public Holiday, it'll take place one working day earlier. • As each deduction will be reflected in your bank account statement, no receipt will be issued by us. • You may wish to take note that most banks levy a service charge for every unsuccessful attempt at deduction. 	