

APPLICATION FOR REINSTATEMENT – PRUSHIELD & PRUEXTRA

Statement pursuant to Section 25(5) of the Insurance Act, (Cap 142), you are to disclose in this application form fully and faithfully, all the facts which you know or ought to know, otherwise you may receive nothing from the policy.

Policy Number(s)	Name of Life Assured	Relationship to Policyowner/Payer*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Q1. Have you had any signs or symptoms, health conditions, surgery, and/or biopsy, scans or abnormal test results for which you have consulted, or planning to consult a doctor, pending investigation, and/or treatment from a doctor or healthcare provider?	Yes No <input type="checkbox"/> <input type="checkbox"/>																														
Q2. Have you had an application, reinstatement or renewal of a life or critical illness or disability or accident or health insurance policy been postponed, declined, accepted at special terms or are there any claim(s) pending to be submitted, or pending for settlement, including hospitalization(s) on policy with us or any other insurer?	Yes No <input type="checkbox"/> <input type="checkbox"/>																														
Q3. If any of the answers to Question 1 to 2 is "Yes", please quote the question number and provide details below: <ul style="list-style-type: none">Name of the condition and date of diagnosisName and address of each doctor/hospital/healthcare providerDuration of illness/injury and date of recovery as appropriateType of test(s) done, reason for undergoing the test(s), date(s), and results of test(s) done.Copy of the above test(s), if any.																															
<table border="1"><thead><tr><th colspan="2">Life Assured</th></tr><tr><th>Question No.</th><th>Details / Results</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Life Assured		Question No.	Details / Results																										
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*The grandparent or sibling must be a citizen of Singapore or permanent resident of Singapore to be applicable.

Declaration

I/We would like to apply for the reinstatement of my/my dependant's policy. I/We declare that the information given above is true and complete to the best of my knowledge. I/We agree to inform Prudential if there is any change in the state of my/our health or my/our activities between the date of this Health Declaration and the date full insurance coverage is provided by Prudential to me/us. I/We further agree that such reinstatement shall not be considered as effected by reason of any money paid or settlement made in payment of or on account of any premium/contribution, until this policy shall be duly approved by an authorized officer of the Company. I/We agree that Prudential reserves the right to call for any medical evidence or further declaration if deemed necessary.

Note: If no payment is received upon receipt of the form, unpaid premiums will be billed to existing credit card or GIRO arrangement (if any)

Signature of Life Assured (17 next birthday and above)

Date (dd/mm/yyyy)

Signature of Policyowner/Payer

Date (dd/mm/yyyy)

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICE
PERMIT NO. 00364**



PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED
Robinson Road P.O. Box 492
Singapore 900942

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paid by
addressee. For
posting in
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