

# APPLICATION FOR REINSTATEMENT

(China Life Cancer Guardian, China Life CI Trio and SOPHY)



中国人寿保险(新加坡)有限公司  
China Life Insurance (Singapore) Pte. Ltd.

Policy Number

**WARNING: Under Section 23(5) of the Insurance Act 1966, (as may be amended from time to time), you are to disclose fully and faithfully all the facts which you know or ought to know. Otherwise, the policy may be void and you may receive nothing from the policy.**

## IMPORTANT NOTES:

- For all plans, it is compulsory to complete Section 1, 2 and 3
- Change of residential address or personal particulars, please complete Update of Personal Particulars form
- Please complete the respective section on the plan that you would like to reinstate
  - China Life Cancer Guardian - Section 4
  - China Life CI Trio - Section 5
  - SOPHY - Section 6**\*\*Please state "NA" for those sections that are not applicable.\*\***
- Reinstatement - requires to pay all premiums (with interest, if applicable) from the last Due Date to the current Due Date.
- For valid pass holder, please submit a copy of the valid pass with the expiry date of the valid pass.

Please tick the appropriate boxes below, fill in the details and sign next to any amendment made.

## Section 1: PARTICULARS OF POLICY OWNER/TRUSTEE/ASSIGNEE

Full Name (as per NRIC/Valid Pass/Passport)	NRIC/FIN/Passport Number	Country and city of residence
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please provide details) _____	Height (cm)	Weight (kg)
Occupation	Nature of work	
Name of company	Annual Income (SGD)	

## Section 2: PARTICULARS OF LIFE INSURED (if different from policy owner)

Full Name (as per NRIC/Valid Pass/Passport)	NRIC/FIN/Passport Number	Country and city of residence
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please provide details) _____	Height (cm)	Weight (kg)
Occupation	Nature of work	
Name of company	Annual Income (SGD)	

### Section 3: GENERAL QUESTIONS

A: Details on Lifestyle		Policy Owner		Life Insured			
1. Have you smoked cigarettes or cigars in the last 12 months? If you have answered "Yes" please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	_____ sticks/day for _____ year(s)		_____ sticks/day for _____ year(s)				
2. Do you consume alcohol (quantity per week)? Beer (330ml per can) , wine (125ml per glass) and Spirit (30ml per shot)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Type _____ Quantity _____		Type _____ Quantity _____				
3. Have you resided or intend to reside outside Singapore for more than 183 days during the last 12 months or in the coming 12 months (except for holiday). If yes, please state the country, city, reasons and duration of stay in the table below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Policy Owner		Life Insured				
Name of Country and City							
Reason of Stay							
Duration of Stay (No of months or year) (MM or YY)							
4.	Please answer the below questions by ticking the respective box:			Policy Owner		Life Insured	
(a)	Do you have any proposal for life, health or accident assurance pending approval, withdrawn, deferred, declined or accepted at special rates or terms?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b)	Are you making or have you made any claims on any policies with this or any other office?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide details if Qn 4 (a) and/or (b) answers yes							

### Section 4: CHINA LIFE CANCER GUARDIAN

1.	Please answer the below questions by ticking the respective box:	Policy Owner	Life Insured
(a)	Are you currently under medical investigation or awaiting a surgical operation or the results of any medical tests; biopsy or FNA; or had a raised tumour marker test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	In the past 3 months, have you had any of the following - New persistent pain; or - Prolonged fatigue of more than 7 days; or - Weight loss of more than 5 kg; or - Swelling of breast (in female); or - Blood in urine, stools or sputum or recent change in bowel habits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	Have you been diagnosed with or treated for Hepatitis B or C, HIV or AIDS, thyroid tumour, cancer, other tumours or abnormal growth of any kind? (Please note: for tumour, lump or polyp which has been removed without recurrence and confirmed as benign by histology report, please answer as 'NO')	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 5: CHINA LIFE CRITICAL TRIO

1	Please answer the below questions by ticking the respective box:	Policy Owner	Life Insured
(a)	Have you ever had: (i) Cancer, tumour, growths of any kind, leukemia, lymphoma, or blood disorders; or (ii) Heart disease (including coronary arteries and aorta) or high blood pressure; or (iii) Stroke, epilepsy, brain, or nervous system disease; or (iv) Diabetes or raised blood sugar; or (v) Kidney disorders or liver disorders (including Hepatitis B or C); or (vi) AIDS or HIV infection; or (vii) Loss of vision, losing of hearing or any physical disability; or (viii) Congenital disorders, defects or delayed developmental milestones?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	Currently are you awaiting for the results of any investigations; or pending to undergo any surgery, medical procedure or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	In the past 5 years, have you: (i) Received medical advice or treatment for chest pain, shortness of breath, palpitation, loss of consciousness, limb weakness, unexplained weight loss of 5kg or more, blood in stool, coughing out blood, non-healing ulcer, protein or blood in urine, diarrhea, or constipation for 30 days or more; or (ii) Undergone any investigation, electrocardiogram (ECG), echocardiogram, angiogram, mammogram, ultrasound, CT or MRI scan, tumour marker test, prostate examination, pap smear, scope including colonoscopy or biopsy where results are abnormal; or (iii) Been hospitalized for more than 7 consecutive days; or received continuous medication, treatment or follow-up consultations lasted for more than 2 weeks?  Note: Please select 'No' if the follow-up consultations, hospitalization, medication or treatment is due to trauma, injuries (for which you have fully recovered and discharged without complications) or normal pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d)	Have any two of your biological mother, father or siblings been diagnosed with cancer, heart attack, stroke, kidney failure or any hereditary disease prior to age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 6: CHINA LIFE SOPHY

1.	Please answer the below questions by ticking the respective box:	Policy Owner	Life Insured
(a)	Have you ever had, or been told that you have, or are you currently under investigation for diabetes, high blood pressure, cardiovascular disease, cerebral vascular disease, nervous system disorder, urogenital disorder, AIDS or infection with HIV, cancer, carcinoma-in-situ, premalignant changes, tumour, lump or polyp? (For tumour, lump or polyp which have been removed without recurrence and confirmed as benign, please select as 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b)	In the past 3 years, have you undergone or been advised to undergo any medical tests, investigations, scan, biopsy, diagnostic test, surgery or consultation with a medical specialist, or had abnormal results in pap smear, mammogram, ultrasound, prostate examination or tumour marker blood test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	In the past 2 years, have you been hospitalized for at least 5 days, have undergone surgery or been continuously receiving medication or treatment (other than for flu or cough) for at least 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d)	In the past 6 months, have you experienced unexplained weight loss of 5kg or more; blood in urine, persistent coughing, bleeding from the bowels or in stools, diarrhea or constipation for 30 days or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e)	Have 2 or more of your natural parents, brother(s) or sister(s) died or suffered from i) Cancer, heart disease, stroke, high blood pressure, diabetes mellitus, and/or kidney disease before attaining age 65? ii) Multiple sclerosis, Alzheimer's disease, dementia, motor neuron disease, muscular dystrophy or another hereditary diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 7: Genetic Questionnaire

**Note:**

1. You are not required to disclose genetic test results which are solely done for biomedical research.
2. You need to disclose predictive genetic test for Huntington's disease (HTT) if the cover you applied had a total sum insured (including policies with China Life Insurance Singapore and other insurers) that exceeds SGD 2,000,000 for death, SGD 2,000,000 for total permanent disability or SGD 500,000 for critical illness respectively. Otherwise you need not disclose your predictive genetic test results.
3. You need to disclose predictive genetic test for breast cancer (BRCA1, BRCA2), if the critical illness cover you applied had a total sum insured (including policies with China Life Insurance Singapore and other insurers) that exceeds SGD 500,000. Otherwise you need not disclose your predictive genetic test results.
4. You confirmed that you have read and understood the Moratorium on Genetic testing and Insurance Infographic (which is available at <https://www.lia.com.sg>)

1.	Please answer the below questions by ticking the respective box:	Policy Owner	Life Insured
(a)	Have you undergone predictive genetic test on Huntington's disease (HTT) or breast cancer (BRCA 1, BRCA 2)? If yes, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Policy Owner	Life Insured
Reasons for the test		
Test results		
Date of test		

## Section 8: DECLARATION AND AUTHORISATION

### Please read carefully before signing the form.

I/We agree to declare if there is any change in the state of health between the date of this application and before the date the reinstatement is issued by China Life (Singapore) Pte. Ltd ("CLIS"). On receiving this information, CLIS reserves the right to accept or reject the application.

I/We declare that the information given in this application and any questionnaire(s) or forms and all subsequent written notices furnished to CLIS are true, correct and complete to the best of my/our knowledge that no material fact(s) that is likely to influence the assessment and acceptance of this application have been withheld. I/We further agree that any information that I/we have provided to the Financial Representative are disclosed in this application.

I/We agree that this application form and the policy, all subsequent written notices given by CLIS to me/us and all subsequent written statements given by me/us to CLIS will make up the whole of the Contract of insurance between CLIS and me/us.

### **Personal Data Protection**

By providing the information above, I/we agree and consent to CLIS, its officers, employees and representatives collecting, using and disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with CLIS, to any of the following persons, whether in Singapore or elsewhere:-

- a) CLIS's holding companies, branches, representatives offices, subsidiaries, related corporations or affiliates;
- b) any of CLIS's contractors or third party service providers or distribution partners or professional advisers or representatives;
- c) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice.
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of CLIS under or relating to my/our policy or policies for any purpose connected with the proposed assignment or transfer; and
- e) any credit bureau, insurer or representative, for such purpose(s) that CLIS in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of CLIS's representatives and monitoring undesirable sales practices.

I/We understand that CLIS has a Personal Data Protection Notice, which sets out the purposes for which personal data may be used and disclosed, and is available at <http://www.chinalife.com.sg> which I/we confirmed I/we have read and understood.

This Application Form is signed in Singapore on \_\_\_\_\_ (day)/ \_\_\_\_\_ (month)/ \_\_\_\_\_ (year)

Signature of Policy Owner/Assignee

Signature of Life Insured  
*(if different from Policy Owner and age 16 & above)*

Mobile number of the Policy Owner/Assignee : \_\_\_\_\_