APPLICATION FOR REINSTATEMENT

中国人寿 CHINA LIFE | 新加坡 SINGAPORE

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:
1. **For all plans, it is compulsory to complete all sections.**
2. **Change of residential address or personal particulars, please complete Update of Personal Particulars form.**
3. **Reinstatement – policyholder requires to pay all premiums from the last Due date to the current Due Date.**
4. **For passport or valid pass holder, please submit a copy of passport or valid pass with the expiry date.**

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/UEN Number	Country and city of residence
Nationality ☐ Singaporean ☐ Singapore PR (nationality) _____ ☐ 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/UEN Number	Country and city of residence
Nationality ☐ Singaporean ☐Singapore PR (nationality) _____ ☐ 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.	☐ Yes	☐ No	☐ Yes	☐ 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)	☐ Yes ☐ No Type _____ Quantity _____	☐ Yes ☐ No 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.	☐ Yes ☐ No	☐ Yes ☐ No

	Policy Owner	Life Insured
Name of Country and City		
Reason of Stay		
Duration of Stay (MM or YY)		

4. Do you have any proposal for life, health or accident applications that are pending approval, withdrawn, deferred, declined or accepted with additional premium or exclusions?	☐ Yes ☐ No	☐ Yes ☐ No
5. Are you making or have you made any claims on any policies with this or other insurance companies?	☐ Yes ☐ No	☐ Yes ☐ No
6. Have you ever suffered from diabetes, high blood pressure, high cholesterol, heart disease, stroke or brain diseases or disorders, lung disease, gastric disease, liver disease, kidney disease, cancer or tumour or any abnormal growth of any kind, AIDS or infection with HIV, eye disease, ear disease, thyroid disease or any autoimmune disease?	☐ Yes ☐ No	☐ Yes ☐ No

If yes to Question 4 to 6, please give details below including

- Exact diagnosis of the condition and date of diagnosis,
- Name of the medications that you are taking for the condition
- Name and address of doctor/hospital that you are consulting for the condition
- Copy of tests on investigations (if any), type of claims etc.

Section 4: Genetic Related Questions

Note:

a) You need not disclose the genetic test results should they are solely done for biomedical research purpose.

b) You need to disclose predictive genetic test for Huntington's Disease (HTT) if the total sum insured you applied (including other policies with China Life Insurance Singapore and other insurance companies) exceeded SGD $2,000,000 for death, or SGD $2,000,000 for total and permanent disability, or SGD $500,000 for critical illness respectively. Otherwise, you need not disclose the predictive genetic test results.

c) You need to disclose predictive genetic test for breast cancer (BRCA 1, BRCA 2), if the total sum insured you applied (including other policies with China Life Insurance Singapore and other insurance companies) exceeded SGD $500,000. Otherwise you need not disclose the predictive genetic test results.

d) You confirmed that you have read and understood the Moratorium on Genetic Testing and Insurance Infographic which is available at https://www.lia.org.sg

	Policy Owner	Life Insured
1. Have you undergone predictive genetic test on Huntington Disease (HTT); breast cancer (BRCA 1, BRCA 2), or ever had or been told to have or have been treated for other illness, disorder, operation or hospitalization not mentioned above? Please provide a copy of report for review if the result is 'Positive'.	☐ Yes ☐ No	☐ Yes ☐ No

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

Section 5: 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 : _____