



Lapse Notice

Date

Thank you for insuring with the Prudential.

As we have not received the premium payment on time and there is no surrender value to pay for the premium due, your policy has terminated.

Policy Number Name of Life Assured	Type of Premium	Premiums Due on/since	Premiums (\$)	Credit/ Debit(\$)	Amount Due (\$)

We are concerned that you should not lose the valuable insurance coverage, which you had paid for. As such, we strongly encourage you to reinstate your policy now, as it may be disadvantageous to reinstate it later on, or if you buy a new policy.

To understand how best to take care of your policy and the options available to you, we suggest that you talk to your Financial Consultant or call our PruCustomer Line at 1800 - 333 0 333 so that we may assist you.

To continue the insurance coverage, please read the following and use the Reinstatement Application printed overleaf.

Policies terminated for 2 months or less

1. Payment of all unpaid premiums from the premium due dates as stated above.

Policies terminated for more than 2 months and up to 12 months

1. Completion of the Reinstatement Application overleaf, and
2. Completion of the Supplementary Proposal Form if the sum assured is more than or equal to \$500,000 on any policy, and
- 3a. Payment of all unpaid premiums** from the premium due dates as stated above, and
- 3b. Payment of 5.75% compounded interest per annum on all unpaid premiums for non Investment Linked policies terminated for more than 6 months.

Policies terminated for more than 12 months and up to 24 months

1. Completion of the Reinstatement Application overleaf, and
2. Completion of the Supplementary Proposal Form, and
- 3a. Payment of all unpaid premiums** from the premium due dates as stated above, and
- 3b. Payment of 5.75% compounded interest per annum on all unpaid premiums for non Investment Linked policies terminated for more than 6 months.

** Options for policies terminated for more than 6 months (not available to PruLink Cashback Account)

If the policy is terminated for more than 6 months, you can choose to repay all unpaid premiums, or

1. Reinstatement by current premium for Investment Linked policies, or
2. Reinstatement by redating with revised premium for non Investment Linked policies.

Methods of Payment

1. By cash to our cashier at our Customer Centre at 30 Cecil Street #01-01 Prudential Tower Singapore 049712. Our servicing hours are from 9 am to 6 pm on Mondays to Fridays. We are closed on weekends and public holidays.
2. To the credit of our Account No. 01-0519296-1 at any branch of the Standard Chartered Bank. **Please inform the bank teller to key in your name, Policy Number(s) and client number on the paying-in-slip. For our update, please forward a copy of the paying-in-slip to Prudential immediately.**
3. By cheques crossed 'A/C Payee Only' drawn in favour of **Prudential Assurance Company Singapore (Pte) Limited**. Please write your Name and quote your Client and Policy Number(s) on the back of the cheques. Post-dated cheques are not accepted by Prudential.
4. If you pay the premium in cash via the Financial Consultant, you will be given an interim cash receipt by your Financial Consultant. An official receipt will be sent to you within 15 days.

Reinstatement Application

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.

All amendments on this form must be countersigned. If you have changed your signature, please sign on a copy of your passport/IC and give it to us for our update.

Policy Number(s)	Payer/ Proposer	2nd Adult Life Assured	Life Assured (Child)
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<p>PART 1 Reinstatement Options (Option of Current Premium or Redating is not available to PruLink Cashback Account.)</p> <p><u>Please tick (✓) one option</u></p> <p>Pay all unpaid premiums including additional premiums (if any) from the due dates. <input type="checkbox"/></p> <p>Pay current premium (*for Investment Linked Policy). The premium will fall due on the next premium due date from the date of acceptance of the reinstatement application. <i>(this option is available if premium is unpaid for 3 months or more)</i> <input type="checkbox"/></p> <p>Payment of a revised Premium Instalment via Revival by Redating (for non Investment Linked policy). A revised policy commencement date will be determined by the company and it is applicable only if the policy is terminated for more than 6 months. <input type="checkbox"/></p> <p>* Important Notes - For Investment Linked Policy "Sum Assured Guaranteed" (SAG) or "No Lapse Period" (NLP) will cease if all regular premiums due are still outstanding (as applicable). Please refer to Policy Document or Booklet for the exact details of all the terms and conditions of SAG and NLP.</p>	<p>PART 2 Declaration</p> <p>The answers to the following questions will form part of the basis of the revised contract for assurance. Prudential reserves the right to call for any medical evidence if necessary for the proof of good health. Premiums are to be paid to Prudential together with this application. The policies can only be reinstated with the approval from Prudential. If the reinstatement is declined, premiums paid with this application will be returned.</p> <p><u>Please tick (✓) your answer.</u> If have answered "yes" to any of the questions, give details below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Payer/ Proposer</th> <th colspan="2">2nd Adult Life Assured</th> <th colspan="2">Life Assured (Child)</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Do you have any proposal for life, health or accident assurance pending approval, withdrawn, deferred, declined or accepted at special terms or rates?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. 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I would like to apply for the reinstatement of my/my child's policy, together with the supplementary benefits, if any. I declare that the information given above is true and complete to the best of my knowledge.

Signature of Payer / Proposer	Date	Identity Card Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature of 2nd Adult Life Assured	Date	Identity Card Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature of Life Assured (for child age 17 next birthday and above)	Date	Identity Card Number
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