



Unpaid Premium Notice

PruCustomer Line: 1800 - 333 0 333

Policy Number

Date

Name of the Life (Lives) Assured :
Premiums due from :
Financial Consultant :
Type of Plan :

Premium Information	Amount (\$) Payable Monthly
Regular Premium which provides basic benefits and investment Additional premium **	

Thank you for insuring with Prudential.

We are sending you this **Unpaid Premium Notice** to alert you that your insurance coverage and benefits may soon be adversely affected as we have not received your premiums.

We are concerned that you will be losing your valuable insurance coverage, which you have been paying for. When you stop paying premiums, we maintain the basic insurance cover in your policy by deducting the monthly assurance and administrative charges from the remaining policy value. We do this by selling off units in your policy. Any supplementary benefits that you may have on this policy would have stopped. When the policy runs out of units, it will automatically terminate and you would have lost all of your insurance protection.

**If your policy is a PruLink Super Account II, PruLink SuperSaver Account or PruLink Premier Saver Account, we have stopped billing and deducting future Recurrent/Regular Premium. There are no monthly charges and your policy automatically continues so long as there are units in your account. Any supplementary benefits that you may have on this policy would have stopped. When the policy runs out of units, it will automatically terminate and you would have lost all of your insurance protection.

Therefore, we strongly encourage you to pay your premium to

- √ ensure continued coverage for you and your loved ones in the event of any unforeseen crisis.
- √ reinstate your supplementary benefits (if any) so that all your protection needs are adequately taken care of.

To reinstate your policy, please complete the **Reinstatement Application form** overleaf and send a cheque crossed "A/C Payee Only", payable to *Prudential Assurance Company Singapore (Pte) Limited*. Please write your name, contact number, policy number, client number on the back of your cheque. Do not send post-dated cheques or cash.

To understand how best to take care of your policy and 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.

Buying a life insurance policy is a long-term commitment. An early termination of the policy usually involves high costs and the surrender value payable may be less than the total premiums paid. In addition, you lose all the insurance protection when your policy terminates.

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 is not available to PruLink Cashback Account.)</p> <p>Please tick (✓) one option</p> <p>Pay all unpaid premiums, including additional premiums (if any) from the due dates. <input type="checkbox"/></p> <p>Pay current premium, including additional premiums (if any). The premium will fall due on the next premium due date from the date of acceptance of the reinstatement application. <input type="checkbox"/></p> <p>This option is only for PruLink CashBack Account policies under Non Forfeiture for 2 months or less.</p> <p>Increase my Accumulation Account sum assured as described in the policy terms and conditions for my PruLink CashBack Account. I understand that charges for the revised sum assured will be billed to my account. <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>Please tick (✓) your answer. 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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>