

PROPOSAL FOR LIFE ASSURANCE - PRUBusiness Continuity

Simplified Insurability Offer (SIO) Application Form

Sum Assured (SA): S\$50,000 to S\$600,000

WARNING : PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP 142), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

POLICY APPLICATION	
Company Name (as per ACRA)	:
Business Registration Number	:
Registered Business Address	:
	Postal code:
Loan amount (rounded down to nearest S\$50,000)	:
No. of Guarantors	:
Sum Insured (% of loan)	:
Total Sum Assured (\$) (rounded down to nearest S\$50,000)	:
Sum Assured per Guarantor (\$) (rounded down to nearest S\$50,000)	:
Interest Rate (%) (rounded up to next tier)	:
Policy Term	:

PAYMENT	
Premium mode	:
Source of Fund	:
Payment mode	:
	Note: For reference, Please add: Name, Contact Number, Business Registration No., Premium for PBC

DETAILS OF LIFE ASSURED	
Full Name (as per ID)	:
Designation	:
Marital Status	:
Gender	:
Smoking Status	:
ID Type	:
ID Number	:
Email	:
Mailing Address	:
	Postal Code
Do you currently file a tax return in the U.S.?	

Simplified Insurability Offer (SIO) Questions*	
1. Have you ever been diagnosed with cancer, cyst or any growth, heart attack, high blood pressure, stroke, diabetes, hepatitis B or C, any disease or disorder of the brain, heart, lung, kidney, liver, blood, circulatory system, nervous system, HIV infection or AIDS?	:
2. In the last 5 years, have you ever been diagnosed with or suffered from diabetes, or any medical condition affecting your brain, blood, lungs, liver, kidneys for which you are still under medical treatment?	:
3. In the last 12 months, have you ever had, any symptom such as unexplained bleeding, unexplained weight loss of more than 10kg, lump or growth, blood in the stool or chest pain, weakness of limbs for which you are still under investigation or have not yet sought medical advice?	:

* Please fill up the Health Declaration Form if you answer 'Yes' to any one of the SIO questions.

Initials of Life Assured

I declare that the information given in this form is complete and accurate. I shall promptly inform Prudential of changes to such natural person's information in this form. I acknowledge and agree that if the information disclosed in this form is incomplete and /or inaccurate, some or all of the benefits under the policy issued to the Policyholder may not be available, I further acknowledge and agree that Prudential has the right to request supporting documents in relation to the information disclosed in the form.

Note: This declaration shall be accompanied by a copy of the NRIC/ Employment Pass containing a clear photograph if the representative and all authorised person(s).

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Declaration

☐ I have read, understood and given my consent on
<https://www.prudential.com.sg/pbc>



Signature

Initials of Life Assured