


# APPLICATION FOR REINSTATEMENT

Policy Number <input style="width: 100%;" type="text"/>	Name of Life Assured / Child <input style="width: 100%;" type="text"/>
Name of Payer <input style="width: 100%;" type="text"/>	Name of 2 <sup>nd</sup> Adult Life Assured <input style="width: 100%;" type="text"/>

-  1. Complete step 1 to 3.  
2. Tick all the required boxes, fill in the details and sign next to any amendments made

### STEP 1 - SELECT your Reinstatement Option.

- |  |   |
|--|---|
| <input type="checkbox"/> Pay all Unpaid Premiums   | <input type="checkbox"/> Pay Current Month Premium<br><i>(Only for Investment Linked Policy with 3 months or more of unpaid premiums)</i> |
| <input type="checkbox"/> Pay a Revised Premium via Redating<br><i>(Only for Non-Investment Linked Policy which has been terminated for 6 months or more)</i> |   |
| <input type="checkbox"/> Increase my Accumulation Sum Assured<br><i>(Only for PruLink Cash Back Account)</i>   | <input type="checkbox"/> Reinstate No Lapse Guarantee Benefit<br><i>(Only for PruUniversal Vantage Regular Pay)</i>                       |

**Important Note:**

- For reinstatement of policies under Automatic Paid Up status, only "Pay all Unpaid Premiums" option is available.
- For PRUSelect, PRUSelect Vantage and PRUVantage Assure policies, option to reinstate by current premium is not applicable during the Initial/Minimum Contribution Period. Reinstatement is disallowed if the policy is lapsed for more than 12 months.
- For PRUGolden Retirement, PRUGolden Income, and, PRUActive Retirement, option to reinstate by redating is not applicable.

**For reinstatement of CPFIS Funded policy, please select your payment method:**

- Pay via CPFIS *(Interest if any, needs to be paid by other payment methods.)*     Pay via other payment methods\* *(Not applicable for SRS Policy)*

Note: Any past instructions to stop future premium deductions from your CPFIS will be canceled. \*Refer to Step 3 for other payment methods.

### STEP 2 - ANSWER all the Health Questionnaires below.

Health Questionnaires	Life Assured / Child	Payer	2 <sup>nd</sup> Adult Life Assured
1. Please provide your current height and weight (in meters and kilograms)	<input style="width: 50px;" type="text"/> m  <input style="width: 50px;" type="text"/> kg	<input style="width: 50px;" type="text"/> m  <input style="width: 50px;" type="text"/> kg	<input style="width: 50px;" type="text"/> m  <input style="width: 50px;" type="text"/> kg
2. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever suffered from a cancer or tumour of any kind, diabetes, high blood pressure, heart disease, stroke or brain disorder, lung disease, liver disease, kidney disease, AIDS or infection with HIV? If yes, please provide details in box below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b>			
(i) You are not required to disclose genetic test results which are solely done for biomedical research. (ii) You need to disclose predictive genetic test for Huntington's Disease (HTT) if the cover you applied had a total sum assured (including other policies with Prudential) that exceeds S\$2,000,000 for death, or S\$2,000,000 for total permanent disability, or S\$500,000 for critical illness respectively. Otherwise you do not need to disclose your predictive genetic test result. (iii) You need to disclose predictive genetic test for breast cancer (BRCA1, BRCA2), if the critical illness cover you applied had a total sum assured (including other policies with Prudential) that exceeds S\$500,000. Otherwise you do not need to disclose your predictive genetic test result. (iv) Notwithstanding the above, you may disclose your predictive test result to us if the result is favourable and may help in your application. (v) You confirmed that you have read and understood the Moratorium on Genetic Testing and Insurance Infographic (which is available at <a href="https://www.lia.org.sg">https://www.lia.org.sg</a> )			
5. Have you undergone predictive genetic test on Huntington's Disease (HTT); breast cancer (BRCA 1, BRCA 2); or ever had or been told to have or have been treated for any other illness, disorder, injury, disability, operation or hospitalization not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>To complete if reinstating PruSmart Lady Supplementary benefit</b>			
6. Have you ever had, or been told to have or been treated or intend to be treated or consult a physician for female illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For females who have ever conceived or are currently pregnant,</b>			
7. Have you ever had any tests showing congenital abnormalities of the baby or have you ever suffered from any pregnancy related complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Continue next Page**

Remarks: If "yes" to questions 2 to 7, please provide details below

- Name of the condition and date of diagnosis
- Name and address of each doctor/hospital
- Duration of illness/injury and date of recovery as appropriate
- Type of tests done, reason for undergoing the tests, dates, and results of tests done.
- Copy of the above test(s), if any.

**DECLARATION – Please read carefully before signing this application**

- I would like to apply for the reinstatement of my/my child's policy, together with the supplementary benefits, if any.
- I understand and agree that Prudential Assurance Company Singapore (Pte) Limited ("Prudential") reserves the right to call for any medical evidence to assess the health of the life assured at my expense.
- **Statement pursuant to Section 25(5) of the Insurance Act, 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.**
- I declare that the information given above is true and complete to the best of my knowledge.

**Signature of Policyowner**

**Signature of Life Assured**

(For child age 17 next birthday and above)



**Signature 2<sup>nd</sup> Life Assured**

Last 4 digits of  
Identity Card no:  
Date (dd/mn/yyyy):

Last 4 digits of  
Identity Card no:  
Date (dd/mn/yyyy):

Last 4 digits of  
Identity Card no:  
Date (dd/mn/yyyy):

**STEP 3 - COMPLETE the payment method**

How to make payment		
iPay*	Reinstate your policy by scanning the QR code on the right, for a one-time payment via our online payment portal.  Pointers to note while making payment via iPay: 1. Select the policy that you wish to make payment on. 2. Enter the required amount according to your Reinstatement Option Step 1 of this form.	Scan QR code: 
Other Payment Methods	Scan the QR code on the right or visit our website at <a href="https://www.prudential.com.sg/Services/Payments">https://www.prudential.com.sg/Services/Payments</a> for a full list of payment options	Scan QR code: 



\* Applicable for SGD denominated Regular Premium plans

**Important Note:**

1. Reinstatement option "Pay all Unpaid Premium" requires all modal premium from the last Due Date to the current Due Date.
2. For Non-Investment Linked policies that the last Due Date to current due date are more than 6 months, interest on late repayment is chargeable.
3. If no payment is received upon receipt of the form, unpaid premiums will be billed to existing credit card or DBS/POSB GIRO arrangement (if any).

**Please send us your application with this prepaid business reply folder.**

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICE  
PERMIT NO. 00364**



**PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED**  
Robinson Road P.O. Box 492  
Singapore 900942

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