Singlife ElderShield Standard •
Singlife ElderShield Plus •
Singlife CareShield Standard •
Singlife CareShield Plus

REINSTATEMENT FORM

* P O L C H G *

Singlife

IMPORTANT NOTE: PURSUANT TO SECTION 23(5) INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

SECTION A: POLICY DETAILS

I wish to reinstate the following policy(ies)

Policy Number

Name of Assured NRIC / Passport No.

SECTION B: MEDICAL AND UNDERWRITING QUESTIONS

1 Please state your: Height (m) Weight (kg)

2 Have you ever had or been told you have or been treated for any of the conditions below? Please tick (✓).

		Yes	No			Yes	No
(a)	Cancer	☐	☐	(h)	Dementia	☐	☐
(b)	Diabetes	☐	☐	(i)	Parkinson's disease	☐	☐
(c)	Stroke	☐	☐	(j)	Multiple sclerosis	☐	☐
(d)	Heart disease	☐	☐	(k)	Motor neurone disease	☐	☐
(e)	Kidney disease	☐	☐	(l)	AIDS or HIV infection	☐	☐
(f)	Liver disease	☐	☐	(m)	Arthritis/Paralysis	☐	☐
(g)	Lung disease	☐	☐	(n)	Any other condition(s) not listed here?	☐	☐

If "Yes", please provide details.

3 Do you need any assistance from another person or mechanical aids such as a cane, crutches, wheelchair or walker to enable you to go about your activities of daily living* (washing, dressing, feeding, toileting, mobility/walking or moving around, and transferring?
If "Yes", please provide details.
*Please refer to Product Summary for its definition.

4 Are there any day-to-day activities such as doing housework, preparing meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health or disability conditions? If "Yes", please provide details.

5 Does your total monthly benefit for Long Term Care exceed S$3,000.00 (current application plus existing cover with us and other insurers)?
☐ Yes ☐ No

If "Yes", please answer a question on predictive genetic tests below.
If "No", you do not need to tell us about your predictive genetic test results, unless it is negative and may help your application.

Long Term Care ≥ S$3,000 monthly benefit	
Huntington's disease (HTT)	☐ Not tested before ☐ Test done; please state results and submit a copy of the report:

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Company Reg. No. 196900499K GST Reg. No. MR8500166-8

SECTION C: PREMIUM PAYMENT METHOD

Note: This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.

I wish to arrange for premium payment method as follows (Please tick where applicable):

☐ **CPF Medisave Account through own account only.**
(Please complete Section D)

☐ **CPF Medisave Account through Spouse's / Child's / Grandchild's / Parent's / Sibling's account.**
(Please complete Section D)

☐ **CPF Medisave Account and GIRO.**
(Please complete Section D and Interbank GIRO form)
✓ GIRO will only take effect next year
✓ Maximum withdrawal amount will be deducted from CPF Medisave and balance from GIRO

☐ **GIRO only.**
(Please complete Section D and Interbank GIRO form)
✓ GIRO will only take effect next year
✓ Full premium amount will be deducted from GIRO

SECTION D: AUTHORISATION BY CPF ACCOUNT HOLDER(S) (For payment using CPF Medisave Account only)

For payment through own and family members' CPF Medisave Account, please complete the following:

1. I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this Policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act 1953, and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed from time to time.
2. I authorise the Central Provident Fund Board to deduct the amount that is available in my Medisave Account, in the event that the balance in my Medisave Account is insufficient to meet the full premium due.
3. I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my CPF Medisave Account as Central Provident Fund Board shall reasonably consider appropriate.
4. I understand that for ElderShield/CareShield Life Supplement plans, the maximum Medisave deduction is S$600 per life assured per calendar year only. In the event that the policy is backdated or reinstated, there may be a need for 2 premium deductions in the same calendar year and as a result the total premiums deducted may exceed the maximum withdrawal limit for that calendar year. If the premium exceeds the maximum withdrawal limit or there is insufficient fund in the MediSave Account, the excess or balance amount has to be paid by cash.

CPF Accountholder's Name	Date of Birth (dd/mm/yyyy)	CPF Account Number	Relationship to Life Assured	% of Premium*	Signature of Accountholder & Date (dd/mm/yyyy)

* Total CPF contribution must add up to 100%. If there is no indication, the total contribution will be taken as 100%.

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SECTION E: DECLARATION AND AUTHORISATION

1. I hereby declare that the foregoing information is true and correct and I have not withheld any material information, whether written by me or by anyone else on my behalf and I accept full responsibility for them.

2. I understand that the Policy will be reinstated and the insurance cover restored only when an official letter confirming reinstatement has been issued by Singapore Life Ltd. ("Singlife"). Singlife will not be liable for any claims arising between the date of lapsing of the Policy and the reinstatement date of the Policy.

3. I agree and authorise any medical source, insurance office or organisation to release to Singlife, and Singlife to release to any of the prior mentioned organisations relevant information concerning me at any time, irrespective of whether the proposal is accepted by Singlife. A photographic copy of this authorisation shall be as valid as the original.

4. I/We am/are aware that I/we can view and download a copy of Infographic "Moratorium on Genetic Testing and Insurance" from www.singlife.com.

5. I further declare that I am not undischarged bankrupt(s) and that I have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me during that period.

6. If a material fact is not disclosed in this application, 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 licensed Financial Adviser representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

7. I/We consent to Singlife (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:

   - to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Singlife and such other purposes ancillary or related ` to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the Lives Assured) and/or claims purposes;
   - for statistical, research, compliance, audit and regulatory purposes; and
   - to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable.

8. I/We consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to (i) Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers and intermediaries; (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purpose and such other purposes as described in Singlife's Personal Data Protection Statement ("Statement").

9. I/We have read and understood the Statement and Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. The Statement and Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

Signature of Assured

Date (DD / MM / YYYY)

Mobile Number:

Email Address:

Note: Mobile number and email address provided will replace our records accordingly.

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