

## APPLICATION FOR REINSTATEMENT – PRUApeX International Health

**WARNING: PURSUANT TO THE INSURANCE ACT OF SINGAPORE - YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.**

Policy Number	Name of Life Assured	Relationship to Policyowner/Payer*
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Important Notes:**

1. Statement of insurability is declared by the Policyholder.
2. The Policyholder will be making the declaration on behalf of all Life Assureds under the policy.
3. If a material fact declaration is not disclosed, any policy issued may not be valid.
4. 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 your intermediary but was not included here. Please check to ensure you are fully satisfied with the information declared in this form.

I/We, \_\_\_\_\_, hereby declare:

1. Since the inception of the Policy, there has been no change in the health, occupation, or country of residence other than what has been previously disclosed for the named members under the policy.
2. I/We are not in the process of making any claim under the policy or have made a claim against any insurance company in respect of any Disability, Critical Illness, medical, Hospitalisation or Accident Insurance.
3. I/We do not have any signs, symptom, or medical concerns or had any consultation, testing or investigation recommended or advised by a doctor.
4. I/We are not planning or have not been advised to have a medical check-up, surgery or be hospitalised.
5. I/We do not have any insured to be admitted to a hospital for an overnight stay including an overnight stay for pregnancy.

If any of the above statements, results in a change in declaration or information, please indicate the number, member and provide details below:

Number	Life Assured	Details – dates, results, treatment, medication	Date/Hospital/Clinic consulted

**Declaration & Authorisation**

I/We declare that material facts, that is facts likely to influence the assessment of this Application for Reinstatement have been provided and to the best of my/our knowledge the information given here is true and complete.

I/We agree to inform Prudential Assurance if there is any change in the state of health, occupation, or activity of the Life Assureds between the date of this application or medical examination and the issue of the above reinstatement. On receiving the information of any change, Prudential Assurance is entitled to accept or reject my application.

**Signature of Life Assured (Age 19 next birthday and above)**

Note: Please submit a copy of NRIC/ID with current signature

Date (dd/mm/yyyy)

**Signature of Policyowner/Payer**

Date (dd/mm/yyyy)