

APPLICATION FOR REINSTATEMENT

Important Note: 1) You are to disclose in this form fully and faithfully all the facts which you know or ought to know, notwithstanding that it has been previously declared in any policies, otherwise you may receive nothing under the policy.
2) Upon underwriting, we may require medical information, the costs of which will be payable by the policyholder.

<input type="checkbox"/> Great Eastern Life Policy No.:	<input type="text"/>	<input type="checkbox"/> Overseas Assurance Corporation Policy No.:	<input type="text"/>						
Name of Policyholder: <input type="text"/>									
<input type="text"/>		NRIC / Passport No.: <input type="text"/>							
Name of Life Assured / Child Assured: <input type="text"/>									
<input type="text"/>		NRIC / Passport No.: <input type="text"/>							
Lapse Date <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>				Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

DECLARATION OF HEALTH

I wish to reinstate the above lapsed Policy and affirm that since the time of the original Policy proposal, the Life (Lives) Assured:

1. Have not changed their occupation and sporting activities; and
2. Have not been advised medically to begin a course of medication or undergo further diagnostic / laboratory tests and / or surgical procedures nor have been advised or required to be hospitalized, in connection with any disease, sickness or accident; and
3. Have not been tested, counselled or treated for HIV (Human Immunodeficiency Virus) or AIDS; and
4. Have not been diagnosed to suffer from cancer, growth or tumour of any kind, diabetes, epilepsy, heart disorders, high blood pressure, or any other serious illness and
5. Are now in good health and of temperate habits, and
6. If female and pregnant; have not suffered any complications. If pregnant, please state duration: _____ month(s)
7. Have not been informed that a proposal of a new policy or reinstatement of a lapsed policy has been postponed, declined or rated up.

If any of the above statements is not true, please give details:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Dated on _____ (Country) on _____ of _____ 20 _____ .

Signature of Policyholder

Signature of Life Assured / Child Assured

Signature of Assignee
(To affix Company Stamp if any)

Name of Assignee

NRIC / Passport No.

For Official Use

Any photocopied / downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)

The Overseas Assurance Corporation Limited (Reg. No. 1920 00003W)

Customer Service Department

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