

**New Business Department  
Supplementary Proposal Form**

Proposal Number <input style="width:95%;" type="text"/>	Adviser's Name <input style="width:95%;" type="text"/>	Agency Number <input style="width:95%;" type="text"/>
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**WARNING: STATEMENT 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.**

NAME OF LIFE TO BE ASSURED <input style="width:95%;" type="text"/>	NAME OF PROPOSER (if other than Life to be Assured) <input style="width:95%;" type="text"/>
NRIC/Passport/BC No. <input style="width:95%;" type="text"/>	NRIC/Passport/BC No. <input style="width:95%;" type="text"/>

**PLEASE COMPLETE IN BLOCK LETTERS ONLY WHERE CHANGES ARE REQUIRED.**

Where indicated, the following information supercedes the information declared in the above-mentioned proposal. (The following details are to be filled up only where changes are required)

Details of Plan	Sum Assured	Premium Amount
<input style="width:95%; height: 40px;" type="text"/>	<input style="width:95%; height: 40px;" type="text"/>	<input style="width:95%; height: 40px;" type="text"/>

Please indicate question number of proposal form and provide details of changes.

**Declaration**

I declare that the information given in this supplementary proposal is true and that the information given in this supplementary proposal and any information supplied to Prudential or to the Medical Examiner of Prudential shall be the basis of the revised contract for the assurance.

I declare that no material facts, that are facts likely to influence the assessment and acceptance of this supplementary proposal, have been withheld and to the best of my knowledge and belief the information given herein is true and complete and in the case of a life of another assurance shall be the basis of the revised contract.

I agree to inform Prudential if there is any change in the state of health, occupation or activity of the Life to be Assured between the date of this proposal or medical examination and the issue of my policy. On receiving this information Prudential is entitled to accept or reject my proposal.

And I agree and authorise

- a) Any medical source, insurance office, or organisation or the Life Insurance Association's medical register to release to Prudential, and
- b) Prudential to release to any medical source, insurance office, or the Life Insurance Association's medical register any relevant information concerning me at any time, irrespective of whether the proposal is accepted by Prudential.

A photographic copy of this authorisation shall be as valid as the original.

I declare that I have received a copy of "Your Guide to Life Insurance" or "Your Guide to Health Insurance" or both, Personal Financial Record/Analysis ("PFR/PFA"), "Product Summary", and "Benefit Illustration"; the contents of which had been explained to me to my satisfaction.

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

**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 adviser but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.**

我所呈上的英文投保书, 是经过我口授而填充的, 填后又经用华语重释和解释, 我认为完全属实无讹, 断无掩埋事实之弊, 我同意为这份英文投保书的法律效果负责, 特此宣言。

Signature of Life to be Assured

Dated at Singapore on:

Signature of Proposer (if other than Life to be Assured)

Dated at Singapore on: