



Life Insurance Corporation (Singapore) Pte Ltd
 3, raffles Place, 07-01 , Bharat Building, Singapore 048617
 Phone +65 62234797



REQUEST FOR REINSTATEMENT

STATEMENT UNDER SECTION 25(5) OF INSURANCE ACT, CAP.142

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may become invalid.

Name (as shown in NRIC/FIN)				NRIC / FIN Number	
Address of the life assured				POLICY NUMBER	
Phone Number:(O)		Phone number (R)		Hand phone:	
Email id:			Height (m)		Weight (kg)
Occupation:			Exact nature of duties.		
1. Has any proposal or request for reinstatement of a life, accident or health policy on your life has been deferred, declined or accepted at special rates and terms?					
2. Are you engaged in have any intention to engage in hazardous pursuits like scuba diving, sky diving, motor racing etc.?					
QUESTIONS ON HEALTH OF THE LIFE ASSURED -Please tick the appropriate columns.					
1. Have you ever taken narcotics or any habit forming drugs or have been treated for alcoholism or drug addiction?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you smoke cigarettes? If yes, state the number of sticks per day.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you take alcohol? If yes, state the type and average consumption per day					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently taking or have been advised to take any medication?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had any health screening or undergone tests such as X-ray, Ultrasound, mammogram, CT scan, MRI, Biopsy, ECG, Pap Smear, Blood test or any other diagnostic tests?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you undergone any surgeries or advised to undergo any surgeries or any diagnostic tests?					<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>7. If the Life Assured is a female (aged 10 years and above):</p> <p>a. Are you now pregnant? If yes; _____ months.</p> <p>b. Have you suffered from or are you aware of any lumps or any disorders of your breasts?</p> <p>c. Have you suffered from any irregular or unusually heavy menstruation, fibroids, cysts or any disorders of the female organs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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If the answer to any of the questions above is "yes" please give details here:

DECLARATION

I declare that the answers I have given are true and complete and that I have not withheld any material fact and that I will inform LIC if there is any change in the state of my health /insured's health before the reinstatement of the policy.

I understand that the policy will be reinstated only when the letter confirming the reinstatement is issued by the Life Insurance Corporation.

I hereby consent to Life Insurance Corporation from seeking from any hospital,physician, person or organisation any information that maybe required regarding me and I authorise the giving of such information to Life Insurance Corporation. A photocopy of this authorisation shall be considered as valid as the original.

<p>_____ Signature of the Life Assured Date</p>	<p>_____ Signature of the Policy holder Date (if life assured is aged >18 years)</p>
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