ACCIDENT AND HEALTH PLANS
APPLICATION FOR REINSTATEMENT

Great Eastern
An OCBC Company

Important Note:
1) You are to disclose 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 from the policy.
2) Please note that policy reinstatement is subject to satisfactory health underwriting.
3) Upon underwriting, we may require medical information, the costs of which will be payable by the policyholder.

POLICY NUMBER: _____

NAME OF POLICYHOLDER: _____ **NRIC OF POLICYHOLDER:** _____

NAME OF LIFE ASSURED: _____ **NRIC OF LIFE ASSURED:** _____

I request to reinstate the above expired Policy for all Lives under my Policy except for Lives whose insurance has been terminated and may not be renewed under the terms and conditions of my Policy; and on the terms and conditions of the latest Version of the Policy issued by The Great Eastern Life Assurance Company (the Company) for the Plan Type issued under my Policy subject to the terms of the Reinstatement. I declare that all Lives Insured under my Policy:

		Please tick	
		Yes	**No**
1.	Has changed occupation as last declare in this policy and are engaged in any occupation, sport or pastime activity of a hazardous nature;	☐	☐
2.	Has ever sought medical advice or treatment during the period since the Termination Date of my policy and are intending to seek medical advice or treatment in the foreseeable future for any medical condition, symptom or injury;	☐	☐
3.	Has been diagnosed to suffer from osteoporosis, any mobility problems and physical disabilities;	☐	☐
4.	Has resided outside the Country of Issue.	☐	☐

If any of the above statements is 'Yes', please give details below:

_____

I understand and agree that if my application for reinstatement is accepted:

- I shall pay the premium for reinstatement to the Company within 15 days of the acceptance of the application for reinstatement by the Company or before the end of the reinstatement period; whichever is earlier (the date of payment premium for the reinstatement).
- Any endorsement(s) or variation on my Policy authorized by the Company, will apply to the policy issued upon reinstatement of insurance.
- The insurance shall exclude any claim that occurs after the termination date of my Policy and before the Reinstatement Date which is the date in which the application for reinstatement has been approved and the required premium is paid to and accepted by the Company.
- The Policy issued upon reinstatement shall exclude any claims for expenses incurred as described in my Policy under the heading "Reinstatement of Policy" which I have understood.
- I understand that if the life assured has been diagnosed with any cancer (including any carcinoma in situ) before or within 90 days from the date of reinstatement of this Policy, I am not entitled to claim from this Policy. (Applicable for Early Cancer Care Policies Only)
- I understand that if the life assured has been diagnosed with any cancer (early, intermediate or major) or undergoing of such medical procedure which is regarded as a cancer (early, intermediate or major) within 90 days from the date of reinstatement of this Policy, I am not entitled to claim from this Policy. (Applicable for GREAT Cancer Guard Policies Only)

I agree to inform the Company if there is any change in my health between the date of application for reinstatement and the reinstatement date. On receiving the information, the Company is entitled to accept or reject my application for reinstatement.

I declare that the statements made, and particulars given in this application are true, correct and complete.

_____ _____

Signature of Policyholder / Assignee (and Company stamp, if applicable) **Date** (DD/MM/YYYY)

PAYMENT METHOD

CREDIT CARD ☐ VISA or ☐ MasterCard

☐ One time deduction ☐ Current and Future Premiums

Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐ ☐☐☐☐

Name of Cardholder*:_____ Signature of Cardholder: _____

Note: *Cardholder must be the Policyholder to complete this form.
To complete Credit Card Authorisation form (CS243) if using 3rd party credit card.

Customer Service Department
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659

For enquiries, call (65) 6248 2888 or visit us at greateasternlife.com > Contact Us