

**APPLICATION FOR COVID-19 6-MONTH  
DEFERMENT OF PREMIUM PAYMENT PROGRAMME  
(DPP PROGRAMME)**



Please submit the duly completed and signed form via email to DPP-sg@greasternlife.com  
Or mail to: Customer Service Department  
The Great Eastern Life Assurance Company Limited  
1 Pickering Street #01-01 Great Eastern Centre Singapore 048659

<b>Name of Policyholder</b>	
<b>NRIC / ID No. of Policyholder</b>	
<b>Policy Number(s)</b>	

<b>A REASON(S) FOR DEFERMENT (Please provide supporting documents)</b>				
<b>Employment</b>	<input type="checkbox"/> My employment income and allowances have been impacted by COVID-19			
	<table border="1"> <tr> <td>Monthly Income before COVID-19</td> <td>\$</td> <td>Monthly Income after COVID-19</td> <td>\$</td> </tr> </table>	Monthly Income before COVID-19	\$	Monthly Income after COVID-19
Monthly Income before COVID-19	\$	Monthly Income after COVID-19	\$	
<b>Business</b>	<input type="checkbox"/> My business has been financially impacted by COVID-19			
<b>Any other remark(s)</b>				

<b>B FURTHER INFORMATION ON EMPLOYMENT / BUSINESS STATUS</b>	
<input type="checkbox"/> I am employed at _____	(Name of employer)
<input type="checkbox"/> I am managing my own business under _____	(Name of company)
<input type="checkbox"/> I have ceased operating my own business in view of the COVID-19 situation	

<b>C DECLARATION &amp; AUTHORISATION</b>		
<p>I understand that this application is subject to Great Eastern ("the Company")'s assessment and approval. The Company has the right to require any further supporting documentation and/or information that it deems necessary to assess this application, or to decline any request.</p> <p>I declare that the information given in this application and any information, documents, questionnaire(s)/forms and all subsequent written notices furnished to the Company are true, correct and complete to the best of my knowledge and belief and that no material facts(s), that is, fact(s) likely to influence assessment and acceptance of this application have been withheld.</p> <p>I have read and understood, and agree to the following:</p> <p>(i) This application is for the deferment of premium payments for a period of six (6) months only. The deferment period shall commence on the premium next due date. No application will be approved if I have any outstanding premiums on the policy at the time of application.</p> <p>(ii) Cash / survival benefits / bonuses due under the policy will only be allocated or paid (as per policy contract terms) after any deferment period and where after all outstanding premiums are paid up-to-date.</p> <p>(iii) If a claim is made under the policy, the outstanding premiums will be offset against any admitted claims settlement amount.</p> <p>(iv) All outstanding premiums(s) that accrue during the deferment period are to be paid <b>within 90 days from the expiry of the deferment period (the "Deadline")</b> and no further grace (whether under the policy contract or otherwise) will be applicable. If the full payment is not received by the Deadline, the policy will lapse if the policy has no cash value. If the policy lapses, policyholder may apply to reinstate the policy, at the discretion of the Company, subject to the conditions stated in the Reinstatement clause of the policy. If the policy has acquired cash value, the automatic premium loan will be activated and interest will be charged accordingly as if the deferment period did not apply.</p> <p>(v) Unless otherwise stated, all other clauses under the policy will continue to apply and have full effect during the deferment period.</p>		
<hr/> <b>Signature of Policyholder</b>	<hr/> <b>Contact No. &amp; Email Address</b>	<hr/> <b>Date</b>