



APPLICATION FOR REINSTATEMENT

IMPORTANT:

PLEASE FILL IN THE INDIVIDUAL/ENTITY/CONTROLLING PERSON TAX RESIDENCY SELF CERTIFICATION STATUS FORM IF THERE IS ANY CHANGE IN NATIONALITY, CITIZENSHIP, RESIDENCY, OR COUNTRY OF ADDRESS/CONTACT NUMBER.
 YOU ARE REQUIRED TO TAKE REASONABLE CARE NOT TO MAKE ANY MISREPRESENTATION WHEN ANSWERING ANY QUESTIONS ASKED BY US, WHICH YOU SHOULD ANSWER FULLY AND ACCURATELY, AND TO DISCLOSE TO US ANY MATTER WHICH YOU KNOW TO BE RELEVANT TO OUR DECISION ON WHETHER TO ACCEPT THE RISK OR NOT AND THE RATES AND TERMS TO BE APPLIED.

Policy No. : _____ Insured : _____

Application For: REINSTATEMENT REINSTATEMENT BY REDATING

For Juvenile policy, 'I' below refers to the Insured and the Policy Owner/Payor.

I hereby declare that since the date of my application of the above numbered policy:

- (1) the statements given in the Application Form and Medical Examiner's Report, if any, are still true;
- (2) I had no accident, illness or disorder of any kind whatsoever for which I have consulted or been examined by any physician;
- (3) there has been no change in my occupation or family record;
- (4) I have not applied for any new life insurance policy, request for change or reinstatement of a policy which was declined, postponed or rated up;
- (5) I have not received or expect to receive any medical advice, counselling or treatment in connection with AIDS (Acquired Immune Deficiency Syndrome) or AIDS related condition or been told that I have a positive blood test for antibodies to the AIDS virus;
- (6) I have not at anytime in the past three months, had any of the following symptoms for more than one week continuously, persistently and unexplained: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions;
- (7) I have not been tested or received any medical advice or treatment in relation to any sexually transmitted disease; and
- (8) I have not resided for more than one month in any other country than my country of residence.

I hereby also agree that:

- (1) the issuance or reinstatement of the policy is conditional on the truth of the above statements;
- (2) if the said policy is issued or reinstated, the terms and conditions of the Incontestability and Suicide provisions shall be effective from the Issue Date or Reinstatement Date, whichever is the later;
- (3) for reinstatement purposes, the policy shall not be reinstated by reason of the payment of premium-in-arrears until such request has been received and approved by the Company at the Head Office. However, should the Company decline to revive the policy, the premium-in-arrears paid will be returned without interest; and
- (4) the Company reserves the right to require further evidence of insurability.

Information to be disclosed to the Company for the assessment of this application

Signed at _____ state _____ on _____ date _____ day of _____ month _____ year

Signature of Insured/Policy Owner

Signature of Witness

Name : _____
 IC No. : _____

Name : _____
 IC No. : _____
 Tel No. : _____

DECLARATIONS BY AGENTS

I hereby declare that, to my best belief and knowledge, the information contained in this Application is true and complete. The information is given by the Insured/Policy Owner and I have not withheld any information which might influence the acceptance of this application. I further declare that I have sighted the original NRIC/Passport/Birth Certificate of the Insured / Policy Owner and the details therein contained have been verified and authenticated by me.

Signature of Agent

Signature of Reinstating Agent

Name : _____
 IC No. : _____
 Date : _____ date _____ month _____ year

Name : _____
 IC No. : _____
 AM/UM Short Name : _____

- Note: 1) Signature of Insured/Policy Owner must be the same as our records and must be duly witnessed by a disinterested party.
- 2) In the event of conflict between the English version and those translated into Bahasa Melayu, the English version shall prevail.

Version 032021



