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Company Reg. No.: 196900499K GST Reg No: MR-8500166-8

APPLICATION FOR REINSTATEMENT OF LAPSED POLICY

Pursuant to Section 25(5) of the Insurance Act (Cap 142), you are to disclose in this application form fully and faithfully all the facts which you know or ought to know, otherwise nothing may be payable under the Policy.

Policy Number : _____
Name of Assured : _____
Name of Life Assured : _____
Insured Person(s) (for Medical Policies) : _____
Payment for outstanding premiums : \$ _____ Cheque number : _____

I wish to apply for reinstatement of the above Policy and confirm that the answers to the following questions are true to the best of my knowledge and no material facts have been withheld:-

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Is the Assured / Life Assured / Insured Person(s) suffering from any illness or physical impairments or defects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the Assured / Life Assured / Insured Person(s) been ill or been involved in any accident that required medical consultation or treatment since the submission of the Proposal for Life Insurance of the Policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the Assured / Life Assured / Insured Person(s) involved in any hazardous activities in his/her/their occupation and/or hobbies? | <input type="checkbox"/> | <input type="checkbox"/> |

If answer is "Yes" to any of the above questions, please elaborate in the box below:

Aviva Ltd reserves the right to call for any medical evidence necessary for proof of good health.

I understand that the Policy will be reinstated and the insurance cover restored only when an official letter confirming reinstatement has been issued by Aviva Ltd. Aviva Ltd will not be liable for any claims arising between the date of lapsing of the Policy and the reinstatement date of the Policy.

I further declared I am not undischarged bankrupt(s) and that I have committed no act of bankruptcy within the last 12 months and no receiving order or adjudication order in bankruptcy has been made against me during that period.

If a material fact is not disclosed in this application, 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 licensed Financial Adviser representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Date Signature of Assured/Assignee Signature of Life Assured Signature of Trustee(s)*

- Notes: 1) Both the Assured and the Life Assured above the age of 17 are to sign this Application.
2) The Assured will declare on behalf of the Life Assured below the age of 17.
3) For Medical policies, the Assured makes the declaration on behalf of all the Insured Persons.

* Signature of Trustee(s) required for Policies under Trust.