



AVIVA Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7988 Fax: (65) 6827 7707  
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**APPLICATION FOR REINSTATEMENT OF LAPSED POLICY**

Group Policy Number : 2000002 / 2000019

(Please circle the correct group policy number)

**Particulars of Insured Person(s) :**

NRIC or BC Nos.	Name	Relationship
		Self
		Insured Spouse
		Insured Child
		Insured Child

I/We wish to apply for reinstatement of the above group policy and enclosed a cheque \_\_\_\_\_ for \$ \_\_\_\_\_ payable to "Aviva Ltd" being premium in arrears for the period \_\_\_\_\_ to \_\_\_\_\_.

I/We confirm that the answers to the following questions are true and complete and to the best of my/our knowledge and no material facts have been withheld.

		*YES	*NO
1.	Is the Insured Person(s) suffering from any illness or physical impairments or defects?		
2.	Has the Insured Person(s) been ill or been involved in any accident that require medical consultation or treatment since the submission / inception of the group insurance plans.		
3.	Is the Insured Person(s) involved in any hazardous activities in his / her occupation and / or hobbies?		

*\*Please tick appropriately*

If you have answered YES to any of the above questions, please elaborate in the box and provide medical examination or reports, if any.

(If insufficient space, please use a separate piece of paper)

I/We understand and agree to the following :

- a. Aviva Ltd reserves the right to call for any medical evidence necessary for proof of mine/our good health. Such medical evidence shall be furnished by me (if required) and at my own expenses.
- b. That the lapsed insurance shall be considered reinstated/restored only when Aviva Ltd had issued an official letter of confirmation. Aviva Ltd reserves the right not to accept any application and the decision of Aviva Ltd shall be final.
- c. Aviva Ltd shall not be liable for any claim(s) arising between the date the insurance lapsed and the date the insurance was/were reinstated or any claims arising from any illnesses, physical impairment, defects, accident or any of the matters referred to in the Application, not disclosed to Aviva Ltd.

\_\_\_\_\_  
Date & Signature of Self & On Behalf of Insured Children

\_\_\_\_\_  
Date & Signature of Insured Spouse