

Declaration of continued insurability

WARNING: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Section 1: Details of policyholder

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Policy number
Nationality	Country of Residence	

Section 2: Details of insured (if different from policyholder)

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN
Nationality	Country of Residence

If you need to add another Insured, please use another form and submit it together with this form.

Section 3: Details of changes

Please tick the option(s) applicable to you

A. Extension of validity of health declaration

1 Please let us know if there is any change in information since the completion of the application form for your policy (including all questionnaires and additional declarations made with the application):	Policyholder (only for Life Insurance)	Insured
a Change in personal details (For example: height and weight, occupation, annual income (S\$), nationality)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Change in lifestyle and health details (For example: new or change in severity or frequency of symptoms, diagnosis, consult with a doctor, seeking or pending treatment, investigation or surgery, smoking status, alcohol or other stimulant consumption, drug addiction, dangerous occupations or pursuits, stopping activities due to health)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Change in insurance application outcome or claim declaration (For example: any application that has been refused, postponed or accepted with special terms by any insurer, any claim made with any insurer (including hospitalisation claim))	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are applying for Life insurance, please complete the additional questions below.

d Change in immediate family's health history (For example: diagnosed with or passed away due to Alzheimer's disease, cancer including carcinoma in situ, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, polycystic kidney disease or any hereditary disease or disorder)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e Change in existing policies or proposals pending approval (For example: Name of insurer, year of issue or pending, new application pending, sum assured coverage (S\$) for death / total and permanent disability / critical illness, accident and hospitalisation cover, other insurance coverage - please specify type and coverage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the questions above, please provide details below. Please submit a copy of medical report(s), if applicable.

Policyholder	Insured
Please indicate the question number and provide details (For example: dates, diagnosis, current health status, claim details, policy details, family health history, etc.)	

