



**ABSENT ON THE DAY OF EXAMINATION FOR CPE-REGISTERED PROGRAMME**

**Section A: Candidate's Particulars**

Salutation:  Full Name (as in NRIC or Passport):   
E-mail Address:  Contact Number:

**Section B: Programme Details**

(i) Please select the following **Programme(s)** that you were absent from on the day of examination:

- |                                                                                                |                                                                                                          |                                                                       |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Diploma in General Insurance and Risk Management (DGIRM) - Self-Study | <input type="checkbox"/> Advanced Diploma in General Insurance and Risk Management (ADGIRM) - Self-Study | <input type="checkbox"/> Diploma in Life Insurance (DLI) - Self-Study |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|

(ii) Please select the following **Module(s)** that you were absent from on the day of examination:

- |                                                                                             |                                                          |                                                                                     |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> DGI01 : Legal Aspects of Insurance                                 | <input type="checkbox"/> ADGI05 : Claims Management      | <input type="checkbox"/> DLI01 : Individual Life Insurance                          |
| <input type="checkbox"/> DGI02 : Insurance Company Operations                               | <input type="checkbox"/> ADGI06 : Risk Management        | <input type="checkbox"/> DLI02 : Risk Management, Insurance and Retirement Planning |
| <input type="checkbox"/> DGI03 : Commercial Property and Business Interruption Underwriting | <input type="checkbox"/> ADGI07 : Business And Economics | <input type="checkbox"/> DLI03 : Life Insurance Law                                 |
| <input type="checkbox"/> DGI04 : Liability Insurance Underwriting                           |                                                          | <input type="checkbox"/> DLI04 : Life Insurance Company Operations                  |
|                                                                                             |                                                          | <input type="checkbox"/> DLI05 : Financial Planning: Process and Environment        |

**Reasons for Absence On The Day of Examination:**

Please select one of the valid reasons for your absence:

- Medical grounds (self)
- Bereavement cases (immediate family member)
- Disabling accident or injury (self)
- Court appearance (self)
- National Service (self) in accordance with the Enlistment Act (Chapter 93)

No other reasons will be accepted.

Candidate's Name: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SUPPORTING EVIDENCE TO BE SUBMITTED**

### **(a) For medical case of self**

Candidate must submit a valid medical certificate issued by registered medical practitioners or hospitals in Singapore. The name of the candidate and the date of medical leave must be printed on the medical certificate.

#### **For hospitalisation case of self**

Candidate must produce a valid Hospitalisation Leave Certificate and it must contain the following:

- (1) Name of the candidate;
- (2) The licensed doctor's clinic name, address and contact number;
- (3) The period of hospitalisation leave;
- (4) The reason for the hospitalisation; and
- (5) Doctor's signature.

Applications without valid Medical Certificates/Hospitalisation Leave Certificates, will NOT BE CONSIDERED. Please note that no other forms of medical evidence are acceptable.

### **(b) For bereavement cases of immediate family member**

Candidate must produce a valid death certificate and documentary proof of relationship.

### **(c) For disabling accident or injury of self**

Candidate must produce a police report or a valid medical certificate issued by registered medical practitioners or hospitals in Singapore or a valid Hospitalisation Leave Certificate (refer to item (a) above for details).

### **(d) For court appearance (self)**

Candidate must produce a writ of summon with his/her name displayed.

### **(e) National Service (self) in accordance with the Enlistment Act (Chapter 93)**

Candidate must produce the Singapore Armed Force (SAF) Notice indicating the candidate's name and identification number.