

QUESTIONNAIRE



SECTION A: PARTICULARS OF LIFE ASSURED

Name Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. Please state your occupation:

2. Please describe the nature of work performed.

(a) Does your work include lifting or moving heavy goods?

 Yes NoIf 'Yes', please provide details

(b) Does your work involve working underground or at heights?

 Yes No

If 'Yes', please provide details:

| Maximum Depth / Height | Frequency | Equipment Used to Get to Depth / Height (eg lifts, steel platform, ladder) |
|------------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

(c) Are you exposed to high voltage? Yes NoIf 'Yes', please provide details: Minimum voltage Maximum voltage

(d) Does your work involve handling chemicals, gases or explosives?

 Yes NoIf 'Yes', please provide details

- (e) Does your work involve operation of heavy or dangerous equipment (eg tower crane, gondola, scaffoldings, bulldozers)?

Yes No

If 'Yes', please provide details

- (f) Does your work involve working on a ship or sea vessel?

Yes No

If 'Yes', please provide details:

| Type of Vessel (eg ocean liners, passenger / cargo vessels, oil tankers) | Location (Coastal Waters / Deep Sea) |
|---|---|
| | |
| | |

- (g) Does your work involve working offshore (ie oil rig)?

Yes No

If 'Yes', please provide details:

| Location | Frequency | Average Duration of Each Stay | Mode of Transport |
|----------|-----------|----------------------------------|-------------------|
| | | | |
| | | | |

- (h) Does your work involve travelling in privately owned or chartered aircraft?

Yes No

If 'Yes', please provide details:

| Average Number of Flying Hours Per Annum | Flying Capacity as a Crew or Passenger |
|--|---|
| | |
| | |

(i) Does your work involve travelling outside of your country of residence?

Yes No

If 'Yes', please provide details:

| Country | Frequency of Travel | Average Duration of Each Stay |
|---------|---------------------|-------------------------------|
| | | |
| | | |

(j) Have you ever had any accident while performing your occupational duties?

Yes No

If 'Yes', please provide details:

| Date of Occurrence | Details of Accident |
|--------------------|---------------------|
| | |
| | |

(k) Has your health ever been affected by your occupation?

Yes No

If 'Yes', please provide details:

SECTION C: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our lifestyle/activities and/or health status between the date of this Declaration and the date full insurance coverage is provided by Singapore Life Ltd. to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)