



QUESTIONNAIRE

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

Section A: Diving.

Please complete this section if you wish to provide more information of your engagement in diving activities.

1. Please describe the type of diving activity participated.

Snorkeling

Scuba diving

Other, please specify

2. Frequency of participation in a year.

One-off, no plan in future

times a year

3. Please indicate the usual depth involved (metres).

40m or less

More than 40m

4. Do you dive alone and unaccompanied or participate in cave or wreck diving or other more hazardous diving activities?

No

Yes. Please provide details (e.g. frequency)

5. Have you ever been involved in accident or sustained injury during your involvement in this activity?

No

Yes. Please provide details

Section B: Other Hobby / Avocation / Activities.

Please complete this section if you wish to provide more information of your engagement in hobby or activities other than diving.

1. Please describe the type of activity participated.
 - Skydiving / parachuting
 - Mountain / rock climbing
 - Other, please specify

2. Frequency of participation in a year.
 - One-off, no plan in future
 - times a year

3. Where do you usually perform the activity?
 - Within Singapore
 - Other, please specify:

4. Please indicate the usual height / depth involved (metres).
 - m
 - Not applicable

5. Have you ever been involved in accident or sustained injury during your involvement in this activity?
 - No
 - Yes. Please provide details

SECTION C: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our 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)