

QUESTIONNAIRE



SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. What is the purpose of this insurance?

Employee benefit Others, please specify

2. Please provide details of the business:

(a) Name of business

(b) Nature of business

(c) Business commencement date

(d) Designation & duties

(e) Number of employees of similar rank

3. How is the amount of Sum Assured derived?

4. Are all the employees of similar rank given the same benefit?

Yes No

If '**No**', please provide the reason(s):

SECTION C: DECLARATION

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