



QUESTIONNAIRE

Note: Please complete one questionnaire per sport if you are engaged in more than one sport.

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. Please state the sport you are professionally engaged in

(a) When did you participate in this sport professionally?

(b) How long have you been doing this sport professionally?

2. What is your level of participation and involvement?

3. What qualifications or training do you possess in relation to this sport?

4. Has your professional training licence ever been revoked or suspended for any reason(s)?
 Yes No
If 'Yes', please provide details:

5. Please provide details of competition(s):

	Past Competition(s)	Competition(s) in the Next 12 Months
Number of competitions		
Location		

6. Please provide details of your last medical examination to establish your level of fitness to engage in the sport:

Date	Name of Doctor	Name of Hospital / Clinic	Address

Result of the medical examination:

(Note: Please provide a copy of the medical report.)

7. Have you ever been seriously injured or suffered from any illness as a result of your participation or training in the sport?

Yes No

If 'Yes', please provide details and confirm any residual disability:

8. Have you ever used any performance enhancing substances?

Yes No

If 'Yes', please provide details:

9. Other than being a professional athlete, do you currently have any other occupation?

Yes No

If 'Yes', please provide details:

10. Do you engage in other sports on a professional level?

Yes No

If 'Yes', please state the sport and complete another 'Professional Sport Supplementary Questionnaire'.

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)