

QUESTIONNAIRE



SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. Please provide your current employment details:

(a) Employment status: Employed Self-Employed

(b) Name of company / employer

(c) Nature of business & industry

2. How long have you been engaged in your present occupation (length of service)?

If the period is less than 2 years, please provide your past employment / occupation details:

Period of Employment	Name of Company / Employer	Occupation	Nature of Work

3. Please list the **main material duties** in your occupation (eg office work, supervision, selling). Include all duties requiring physical mobility (eg driving, lifting, cleaning).

No.	Description of Duties	% of Time
	Total	100%

4. How many hours on average do you work per week?

Less than 40 hours per week

40 to 55 hours per week

56 to 60 hours per week

61 hours or more per week

5. Does your occupation require you to travel overseas?

Yes No

If **'Yes'**, please provide details:

Name of countries

Period of travel: Less than 25% of the time overall per year

25 to 40% of the time overall per year

41 to 50% of the time overall per year

More than 50% of the time overall per year

6. For salaried personnel, what is your monthly gross salary? Currency Amount

7. For self-employed personnel:

How long have you been self-employed? 0 to 2 years 2 years or more

What is your annual taxable income as reported in your income tax returns for the last 2 years?

Currency Amount: Last year 2 years ago

8. Do you receive any income or remuneration from any other source?

Yes No

If **'Yes'**, please provide details:

Source Currency Amount

9. Do you hold more than one occupation?

Yes No

If **'Yes'**, please provide details:

Your duties

Working hours per week Monthly salary: Currency Amount

10. Do you have any intention of changing your current occupation?

Yes No

If 'Yes', please provide details:

New occupation

When it is likely to happen: 0 to 6 months 7 months or more

11. Are you now insured, proposing or contemplating to take up any disability insurance in addition to this insurance application?

Yes No

If 'Yes', please tick accordingly and provide details:

Existing Insurance Policies

Name of Insurer	Type of Policy	Monthly Benefit (S\$)

Pending Insurance Applications

Name of Insurer	Type of Policy	Monthly Benefit (S\$)

12. Have you ever made any claim on health, accident or disability policy?

Yes No

If 'Yes', please provide details of each claim and the benefits received:

13. Have you ever been incapacitated from work or suffered from any serious illness or injury?

Yes No

If 'Yes', please provide details:

Nature of Condition / Injury	Date / Duration	Attending Physician & Clinic / Hospital	Current Health Status

Describe any residual disability:

SECTION C: DECLARATION

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

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 application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)