



QUESTIONNAIRE

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. Please state your current rank and your branch of service.

2. Please indicate the usual purpose for flying:

- As a pilot for air transportation only As an instructor for air transportation
 As a pilot on fixed wing and helicopter As a tester for prototypes or modified aircraft
 As an aircrew Others, please provide details

3. What type(s) of aircraft do you fly?

4. How many hours did you fly in the last 12 months?

5. How many hours will you fly in the next 12 months?

6. Are you involved in any of these activities?

- Stunt flying Test flying Airshow exhibition / displays

Others

If so, please provide details:

Frequency Number of hours per annum

7. Are you involved in parachuting activities? Yes No

If 'Yes', please tick where applicable:

Static line Free fall Record attempts or competitions

Please specify frequency per annum

8. Do you fly in any other capacity? Yes No

If 'Yes', please provide full details:

Type of Aircraft	Average Hours per Annum	Purpose

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)