



QUESTIONNAIRE

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: FINANCIAL QUESTIONS (PART 1)

1. What is the purpose of this insurance?

Personal protection or Family protection Residential loan Wealth creation

Others, please specify

2. Please provide your dependants' information:

Relationship (eg Spouse, Child, Parent)	Age of Dependant

3. Please state your total income:

	Last Year (S\$)	2 Years Ago (S\$)
Basic annual salary		
Allowances and benefits		
Variable income (eg commissions / bonuses)		
Others, please specify:		
Total Income		

4. Please provide the estimated value of your assets and liabilities:

Assets	S\$	Liabilities	S\$
Properties		Mortgage(s)	
Investment (eg bonds and shares)		Personal loans / Overdraft facilities	
Cash / Savings		Others, please specify:	
Others, please specify:			
Total		Total	

SECTION B: FINANCIAL QUESTIONS (PART 2)

Please complete Part 2 for personal insurance S\$5,000,000 and above.

5. Details of properties owned:

Type of Property (eg landed, condo, commercial unit)	Property Address	Approximate Market Value (S\$)	Mortgage Amount (S\$)	Percentage of Ownership

6. Do you have any business interests?

Yes No

If 'Yes', please provide details.

(a) Name of company

(b) Nature of business

(c) Your designation & duties

(d) Commencement date of business

(e) Percentage of ownership

(f) Company Financial Background:

	S\$		S\$
Authorised capital		Paid-up capital	
Total assets		Total liabilities	

	Last Year (S\$)	2 Years Ago (S\$)	3 Years Ago (S\$)
Business turnover			
Gross profit			
Profit before tax			

(g) Please provide details of projects / contracts currently being handled and their values:

Details of Current Project / Contract	Value (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)