



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?

Personal protection / Family protection Residential loan Wealth creation

Others, please specify

2. Please provide your dependants' information:

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

3. Details of properties owned :

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

4. Please state your total income over the last 2 years :

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

5. 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	

6. Please provide details of your business:

(a) Name of company

(b) Nature of business

(c) Your designation & duties

(d) Do you work from home?

Yes No

If 'Yes', please provide details. Frequency Duration

(e) How long have you been in this business?

(f) Number of employees

(g) Percentage of ownership

(h) Please provide financial overview of the business.

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

(i) Please provide details of projects / contracts currently being handled and their value:

Details of Current Project / Contract	Value (S\$)

(j) In the event of your death or disability, how would this affect the profitability of the business?

(k) Please provide other relevant details:

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)