



QUESTIONNAIRE

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. Please indicate the main purpose for flying.

Leisure

Passenger transport, including chartered flight

Military

Other, please specify

2. Please provide details of your aviation licence / qualification.

Type of licence

Issuing country / body

Issuing year

3. Please indicate the average number of flying hours expected per year.

Up to 200 hours

Up to 300 hours

Up to 600 hours

More than 600 hours

4. Please indicate the total solo flying hours you have accumulated

Up to 100 hours

Up to 400 hours

More than 4 hours

5. Have you ever been involved in any flying accident or have your aviation licence suspended or revoked?

No

Yes. Please provide details

SECTION C: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our 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)