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■ an NTUC Social Enterprise ■

Product Type
☐ Affinity   ☐ ElderShield
☐ DPS   ☐ IncomeShield
☐ Employee Benefit   ☐ Life Insurance

Hazardous pursuits questionnaire

Details of insured

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)

Questions for insured

1 What hazardous pursuit(s) are you involved?

2 How long have you participated in this activity?

3 Please indicate the number of events/trips/dives/climbs/jumps participated in the last 12 months.

4 Please indicate the number of hours you have engaged in this activity in the last 12 months.

5 Please indicate the average and maximum height/depth/speed involved in this activity.

  (a)   Average   _____

  (b)   Maximum   _____

6 Which countries do you participate in this activity?

7 Please indicate the equipment that you use for this activity.

8 If you are using engine-propelled equipment, please indicate the engine size.

9 Please provide details of any formal qualifications or certifications attained related to this activity.

Details of insured		
Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)

Questions for insured (continued)

10 Are you a member of a related club or association? ☐ Yes ☐ No

If yes, please provide details.

11 Are you involved in any record attempts? ☐ Yes ☐ No

If yes, please provide details.

12 Do you have any plans to become a professional? ☐ Yes ☐ No

If yes, please provide details.

13 Have you ever suffered from any illness or injury, or had an accident as a result of this activity? ☐ Yes ☐ No

If yes, please provide details including date(s) of occurrence.

Declaration by the proposer and insured

I declare that the answers in this form are true, correct and complete, and I have not withheld any relevant information. I accept full responsibility for them, whether written by me or by anyone else on my behalf.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in the insured's health since the completion of the application and all additional declarations made in connection with the application.

Signature of proposer	Signature of insured (for age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):