

Product Type

- | | |
|---|---|
| <input type="checkbox"/> Affinity | <input type="checkbox"/> ElderShield |
| <input type="checkbox"/> DPS | <input type="checkbox"/> IncomeShield |
| <input type="checkbox"/> Employee Benefit | <input type="checkbox"/> Life Insurance |

Aviation questionnaire

Details of insured

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

1 What is the main purpose of your aviation activities?	
2 (a) Please provide the following information on the aviation licence you currently have. (i) Type of licence (for example, student pilot, private pilot, commercial pilot, flight instructor etc) _____ (ii) Date of last renewal (dd/mm/yyyy) _____	
(b) Have your aviation licence ever been revoked or suspended? If yes, please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Please provide the following information: (a) Type of aircraft (make, model, number) you usually fly _____ (b) Aircraft weight _____ (c) Number of hours flown to date _____ (d) Average number of hours flown per year to date _____ (e) Number of flying hours planned per year _____	
4 Have you ever participated or intend to participate in any form of aerobatics, exhibitions, prototypetesting, record attempts, air-racing or stunt flying? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Do you fly outside of your country of residence? If yes, please provide details including the destination and frequency of the flights.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Have you ever suffered from any illness or injury, or had an accident as a result of your aviation activities? If yes, please provide details including date(s) of occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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):