

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 |

Military questionnaire

Details of insured

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

Questions for insured

1 Are you currently serving as a regular?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 What is your military rank, vocation and unit?	
3 Which branch of the armed forces are you in (Air Force/Navy/Army)?	
4 Are you currently serving in or under orders to proceed to any troubled areas or will you be deployed for operational duties overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> If yes, please provide details including area, duration and relevant dates. </div>	
5 Are you involved in any hazardous activities? If yes, please tick the ones that are applicable and complete the relevant sections and provide the required details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Aviation (please complete section A) <input type="checkbox"/> Bomb disposal or demolition duties (please complete section B) <input type="checkbox"/> Parachuting or free falling activities (please complete section C) <input type="checkbox"/> Diving <input type="checkbox"/> Others (please provide details including type and nature of activity and frequency)	
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Details. </div>	
6 Have you suffered any illness or have you ever had any accident whilst involved in the above activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> If yes, please provide details. </div>	

Section A: Aviation Duties

7 In what capacity do you fly (for example, pilot, co-pilot, student pilot, instructor, member of crew)?
8 What type of aircraft do you fly or travel in (for example, helicopter, fighter, KC-135, transport aircraft)?
9 a How many years of active flying have you accumulated?

Section A: Aviation Duties (continued)

9 b How many hours per annum do you fly?	
9 c What is the number of hours or miles do you expect to fly per annum?	
10 Do you engage or intend to engage in aviation in civilian capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> If yes, please provide details including purpose, type of aircraft and number of hours flown or expect to fly per annum. </div>	

Section B: Bomb disposal or demolition duties

11 Are you directly involved in demolition work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> If yes, please state frequency per year. </div>	
12 Are you involved in bomb disposal work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> If yes, please state length of service with the bomb disposal unit. </div>	

Section C: Parachuting or free falling activities

13 Please state the total number of jumps undertaken per year and whether the jumps undertaken are static and/or free falling.	
14 Are you engaged in any special features, such as advanced exhibition, free falling or international parachuting competitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> If yes, please provide details. </div>	

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):