

## Foreign life questionnaire

For a dread disease or total and permanent disability claim, we only accept medical evidence from a registered medical practitioner (who is qualified in western medicine) in Singapore. Otherwise, the claim cannot be considered. Please consider carefully before you decide to proceed with the insurance application.

### 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 your nationality?					
2 Where do you live most of the time?	Country: State:				
3 When did you first arrive in Singapore (excluding holidays of less than 3 months)?					
4 What is your official status in Singapore (for example, employment pass, S-pass, dependant pass, student pass or visit pass)?  When is the expiry date?	Official status:  Expiry date:				
5 Where do your immediate family members currently live?	Country: State:				
6 Do you plan to apply for Singapore permanent residence? If no, how long do you intend to stay in Singapore?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7 Please provide details of your current and previous residence and travel during the last 5 years (excluding holidays of less than 3 months).					
	From (mm/yyyy)	To (mm/yyyy)	Country and region of residence	Reason of visiting (for example, country of birth, study, business, work and so on)	Number of trips per year and duration of each stay
8 Please provide details of your future residence and travel intentions during the next 5 years (excluding holidays of less than 3 months).					
	From (mm/yyyy)	To (mm/yyyy)	Country and region of residence	Reason of visiting (for example, country of birth, study, business, work and so on)	Number of trips per year and duration of each stay
9 Do you expect to visit or travel to war zones or dangerous areas? If yes, please provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10 Do you own any property, bank account, investment or business in Singapore? If yes, please provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
11 Why are you purchasing a policy in Singapore rather than in your home country?		<input type="checkbox"/> Economic	<input type="checkbox"/> Personal	<input type="checkbox"/> Others	
Please provide details:					

### Details of insured

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

12 What do you plan to do with the policy when you leave Singapore?	
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### Questions for parent, husband or wife

**Please fill in the following section if the insured is unemployed, or is holding a visit pass or a work pass other than employment pass or S-pass, or is a child below age 16.**

Relationship to insured <input type="checkbox"/> Parent <input type="checkbox"/> Husband or wife	Name (as shown in NRIC) and NRIC or FIN number	
Nationality (Please provide a copy of the marriage certificate or birth certificate if the parent, husband or wife is a Singaporean or Singapore PR.) <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Give details) _____		
Name of employer	Address of employer	
Yearly income (S\$)	Occupation	Existing life insurance cover (S\$)

### 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):