income made different

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an NTUC Social Enterprise

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

Diving questionnaire

Details of insured

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

Questions for insured

1 Diver's status: ☐ Amateur ☐ Professional (If professional, please state nature of work undertaken)

2 Type of Diving: ☐ Scuba ☐ Other (Please specify)

3 Average number of dives per year:

4 How long have you been diving? (Years/Months)

5 Please give the following (in metres):
(a) Average depth of dive _____
(b) Maximum depth obtained _____
(c) Average duration of dives _____
(d) Maximum duration of dives _____

6 Do you usually dive: ☐ Alone ☐ In a pair ☐ In a group

7 Please give details of diving locations (i.e. close to shore, off shore, rocky areas, lakes, rivers, etc)

8 Have you been medically examined specifically for the purposes of establishing diving fitness? ☐ Yes ☐ No
If yes, please provide details of examining doctor and approximate date.

9 Have you suffered from any illness or injury as a result of your diving activities, or have you had an accident while diving? ☐ Yes ☐ No
If yes, please provide details.

10 Do you belong to any diving clubs or professional diving organisation? ☐ Yes ☐ No
If yes, please provide details.

11 Have you completed an approved training program? ☐ Yes ☐ No
If yes, please provide date and name of the organisation conducting the course.

12 Do you use explosives? ☐ Yes ☐ 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):