

**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 |

## Financial questionnaire

### Personal details

Name (as shown in NRIC or FIN)	Relationship to proposer (if different from proposer)	Proposal number
NRIC number or FIN	Occupation	

### Personal or family protection

1 What was your income during the last two tax years?

Year	From own occupation (S\$)	From investment (S\$)	From other sources (S\$) (Please give details.)

2 Please provide details of your dependants, if you have any.

Name of dependants	Age	Relationship to you

3 Do you have any existing policies or proposals pending approval? If you answered yes, please give details below.  Yes  No

Name of insurer	Year issued or pending	Sum assured (S\$)			Accident and hospitalisation (S\$)	Others (S\$)
		Death	Critical illness	Total and permanent disability		

### Personal or family protection (continued)

4 Please give an estimated value of your assets and any debts.

Assets	Estimated value (\$\$)	Debts	Estimated value (\$\$)
Cash and savings		Overdraft and personal loans	
Residential property		Residential property mortgage	
Investment property		Investment property mortgage	
Investments (shares, bonds, unit trusts, and so on)		Motor vehicle loans	
Other assets (Please give details.)		Other debts (Please give details.)	
<b>Total assets</b>		<b>Total liabilities</b>	

5 Please indicate the source of funds used to finance the premiums.

Salary or commission

Proceeds from a policy (Please give details below.)

Personal savings

Inheritance (Please give details below.)

Sale of assets (Please give details below.)

Other (Please give details below.)

**Details:**

### Personal loan protection (please complete if applicable)

6 Please provide a copy of the loan agreement and provide details below.

a Purpose of loan	
b Amount of loan	
c Term and repayment method	
d Name of lender	
e Name of borrower	

### Declaration

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):