

Residence and travel 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 Please provide details of your current residency.

Country and region of residence	
Residency status	
Reason of visiting	
Length of stay	
From (mm/yyyy)	
To (mm/yyyy)	

2 Please provide details of your 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

3 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

4 Please provide a brief description of your occupational duties and any other activities you will participate in whilst travelling or residing abroad.

Questions for insured (continued)

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)
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5 Do you expect to spend the majority of your time in major and large cities?

Yes No (please provide details below)

Details to include the name of the town or region and details of your likely accommodation, availability of medical facilities and your internal travel arrangements (for example, light aircraft, boat, etc.)

6 Have you received any medical treatment or surgery while residing overseas?

Yes (please give details below) No

7 Is there any additional information on your residence and travel which you feel may be helpful in processing your application?

Yes (please give details below) 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):