Etiqa Insurance Pte Ltd (Company Reg. No. 201331905K)
One Raffles Quay #22-01 North Tower Singapore 048583 | T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

Amendment of Application

Proposal Number

Name of Life to be Insured

I, the Proposer hereby request that my proposal herein above, submitted to the Company be amended as follows:

TRAVEL DECLARATION

1. Please detail the your travel patterns over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

2. Please detail your intended future travel plans for the next 30 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

HEALTH DECLARATION

Have you experienced any of the following symptoms within the past 14 days:

i.	Low-grade fever	□ Yes	□ No
ii.	Cough	□ Yes	□ No
iii.	Malaise	□ Yes	□ No
iv.	Rhinorrhoea (mucus discharge from the nose)	□ Yes	□ No
v.	Sore throat	□ Yes	□ No
vi.	Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea	□ Yes	□ No

If your answer is 'Yes' to any of the following, please provide details:

_____

_____

_____

_____

I declare that the above statements are complete and true and agree that these changes shall be an amendment to and form part of the original application and of the policy issued hereunder, if any and that they shall be binding on any person who shall have or claim, any interest under such policy. I acknowledge that any facts which I know or ought to know are to be disclosed, otherwise the policy may be void.

I further certify there has been no change in my condition of health, and that I have not received any medical attention, consultation or examination whatsoever, since the date of completion of the said proposal. All answers written in the course of the said proposal, including those relating to my occupation, are still true.

Signature of Proposer and Date Name of Proposer: NRIC / Passport No:	Signature of Life to be Insured and Date (if different from Proposer) Name of Life to be Insured NRIC / Passport No:
Signature of Witness and Date Name of Witness: NRIC / Passport No:	Signature of Witness and Date Name of Witness: NRIC / Passport No: