



Financial Questionnaire

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

Full name of Proposer (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
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The purpose of the policy is for

Personal protection Retirement planning Children's education
 Family protection Mortgage loan protection Others: _____

A. Questions

All figures in this document are in S\$ US\$

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

Year	Occupation Income	From Other Sources

2. Please provide an estimated value of your assets and liabilities

Assets	Estimated Value	Liabilities	Estimated Value
Cash and Savings		Overdraft and Personal Loans	
Residential Property		Residential Property Mortgage	
Investment Property		Investment Property Mortgage	
Investment Property (shares, bonds, unit trusts)		Motor Vehicle Loans	
Other Assets (please provide details)		Other Debts (please provide details)	
Total Assets		Total Liabilities	

3. Please provide details of your dependents, if applicable

Name of Dependents	Age	Relationship to you

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A. Questions (Continue)

4. Please provide details of all existing inforce policy (ies) or concurrent application of insurance cover for the Life to be Insured.

Name of insurer	Year issued or pending	Sum Insured			Accident & Hospitalisation	Others
		Death	CI	TPD		

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Salary or commission | <input type="checkbox"/> Proceeds from a Policy (please provide details below) | <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Inheritance (please provide details below) | <input type="checkbox"/> Sale of Assets | <input type="checkbox"/> Bank Financing |
| <input type="checkbox"/> Others (please provide details below) | | |

B. Declaration by the Proposer and Life to be Insured

- I/We declare that all the information given above is to the best of my/our knowledge, true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance and any material fact known to me/us may invalidate the contract of insurance.
- I/We agree to inform Etiqa Insurance Private Limited ("the Company") if there is any change in the Proposer / Life to be Insured's state of health or any information provided in the application form from the date I/we signed the application form to the issued date of my/our policy. I/W understand that the Company may vary the acceptance term or void the contract according to such information received.

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same

Signature of Proposer	Signature of Life to be Insured (if different from Proposer and age 16 or above)
Date:	Date: