

Residential / Travel Questionnaire

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap 142), 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.

Name of Life to be Insured	Proposal Number
Country of Birth	Nationality

1. Please provide the following details regarding your current and future residence / travel intentions:

Dates of Stay	Country of Residence	Reason for Visiting	Frequency (Number of trips per year)	Duration of each stay

2. Please provide the following details regarding your past residence and travel during the last 5 years:

Dates of Stay	Country of Residence	Reason for Visiting	Frequency (Number of trips per year)	Duration of each stay

3. Which country do you have permanent or temporary residence status?

Country of Residence	Residency Status (i.e. citizen, PR, work permit, etc.)

4. Do you plan to stay outside your current country of residence in the next 2 years? If yes, please complete the following table: Yes No

	City and Country	Duration of each stay (Need not be continuous stay)	Purpose of Travel (Business / Residence / Emigration / Others / Please specify)
Within next 2 years			

Declaration

I hereby declare that the above statements are true and complete and shall form part of my application for insurance coverage.

Signature of Proposer and Date

Signature of Life to be Insured and Date (if different from Proposer)

Name of Proposer:

Name of Life to be Insured:

Passport / NRIC Number:

Passport / NRIC Number: