



Diving 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 Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
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A. Questions

1. How long have you been diving?

2. What diving qualifications do you hold?

3. Are you a member of a diving organisation? If yes, which?

4. Where do you usually dive?

5. What is the average and maximum depth of dives?

6. What is the average and maximum duration of dives?

7. How many times do you dive in a year?

8. Do you dive alone or accompanied?

9. Have you ever had an accident or suffered a sickness whilst or as a result of diving? Yes No

If yes, please provide dates and details.

10. Do you participate in the following diving activities?

Ice diving Wrecks with full penetration Caves and/or potholes

Depth record attempts None of the above

Others (please specify)



Diving Questionnaire		
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B. Declaration and Authorisation		
<p>1. 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.</p> <p>2. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.</p> <p>3. 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.</p> <p>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</p>		
Signature of Proposer	Signature of Life to be Insured (if different from Proposer and age 16 or above	
Date:	Date:	