

Representative's Background Report

Name of Proposer	NRIC / Passport Number / FIN
Name of Life to be Insured (if other than the Proposer)	NRIC / Passport Number / FIN

If there is insufficient space on the form to complete a particular question, please continue on a blank sheet of paper with Representative's details and sign-off clearly printed.

A. Sum Assured Justification

1. Annual Income: Please provide details such as amount, source of income, financial justification, etc.

2. Net Worth: Please provide details such as types of assets and liabilities and their respective amount.

B. Purpose of Life Insurance

C. Life to be Assured's Background

1. Early years: Details should include details of parents, class of family and education background.

2. Business / Career: Please provide background of business (if any), career history and details of current career, such as nature of business. Please provide information on occupation and employer / company, if possible.

C. Life to be Assured's Background

3. Family: Please provide details of family (e.g. immediate family members) and where the Life to be Assured is residing with his family.

4. Lifestyle: Details should include hobbies and activities done leisurely and their frequency.

D. Know Your Client / Due Diligence

This section should include details of how the Representative was introduced to the customer, what checks were done to ensure due diligence was exercised, and how premium will be funded.

E. Representative's Recommendations

Please provide reasons to justify the sum assured recommended to the customer.

F. Representative's Declaration

The information collated is to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of the application. This is based on information provided by customer during interviews, other professional advisors of the clients and public domain.

The information provided is strictly confidential and is not to be circulated to any third parties and may not be used by such parties. It is solely to be used for insurers and reinsurers for risk assessment in respect of the customer's application.

Signature of Representative

Name:

Code:

Date: