



Aviation 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. What is the main purpose of your aviation activities?

2. What type of aviation licence do you hold (e.g. pilot, co-pilot, student pilot, instructor, member of crew)?

3. When is the date of last renewal of your licence (DD/MM/YYYY)

4. Have your aviation licence ever been revoked or suspended? If yes, please provide details

5. Please provide the following information

- a. Type of aircraft (e.g.) Helicopter, fighter, KC-134, transport aircraft
- b. Aircraft weight
- c. Number of hours flown to date
- d. Average number of hours flown per year to date
- e. Number of hours expect to fly per annum

6. Have you ever participated or do you intend to participate in any form of aerobatics, exhibitions, prototype testing, record attempts, air-racing or stunt flying?

Yes No

If yes, please provide details

7. Do you fly outside of your country of residence?

Yes No

If yes, please provide details including the destination and frequency of the flights



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A. Questions (Continuation)		
8. Have you ever suffered from any illness or injury, or had an accident as a result of your aviation activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide details including date of occurrence(s)		
<div style="border: 1px solid black; height: 60px;"></div>		
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/We 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:	