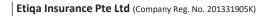


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Financial Questionnaire										
WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.										
Full name of Proposer (as shown in NRI	NRIC / Pa	ssport Number / FIN	Policy Number							
The purpose of the policy is for										
Personal protection	Retirement planning Children's education									
Family protection	Mortgage loan pro	tection C	Others:							
A. Questions										
All figures in this document are in S\$ US\$										
What was your income during the last two tax years?										
Year	Occupation Inco	ome	From	Other Sources						
Please provide an estimated value	e of your assets and lia	bilities								
Assets	Assets Estimated Value		Liabilities	Estimated Value						
Cash and Savings	Cash and Savings		nd Personal Loans							
Residential Property		Residential	Property Mortgage							
Investment Property		Investment	Property Mortgage							
Investment Property (shares, bonds, unit trusts)	Investment Property (shares, bonds, unit trusts)		Motor Vehicle Loans							
Other Assets (please provide details)			Other Debts (please provide details)							
Total Assets		Total Liabi	lities							
Please provide details of your dependents, if applicable										
Name of Dependents		Age	Re	Relationship to you						

Page 1 of 2 EIPL/NB/UW/FINQ/07/2022





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Financial Questionnaire										
Full name of Proposer (as shown in NRIC/Passport)			NRIC / Passport Number / FIN			Policy Number				
A. Questions (Continue	e)									
Pease 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	Sı	ım Insured	n Insured		nt & Others sation	Others			
		Death C	I	TPD						
5. Please indicate the source of funds used to finance the premiums.										
Salary or commission Proceeds from a Policy (please provide details Personal Savings Personal Savings										
Inheritance (please provide details below) Sale of Assets Bank Financing							Bank Financing			
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. 2. 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 backly or any information provided in the application form two the data live agreed the application form to the insured data of my/our policy.										
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										
		T								
Signature of Proposer			Signature of Life to be Insured (if different from Proposer and age 16 or above)							
Date:		Date:								

Page 2 of 2 EIPL/NB/UW/FINQ/07/2022