



Foreign Life and Residence /Travel 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

A. Foreign Life Question (to be completed only if you are a Non-Singapore Citizen/ Permanent Resident)

1. Are you a Non-Singapore Citizen / Permanent Resident holding any one of the following passes in Singapore (Employment Pass, Work Permit, Long Term Visit Pass, Dependent's Pass, Student Pass or Social Visit Pass) Yes No

2. Where do you live most of the time? Please complete the details below

Country	State	Reason (e.g.) Domicile, Work, Study

3. Do you own any property, bank account, investment or business in Singapore? If yes, please provide details.

4. Why do you need a Singapore dollar policy?

5. What do you intend to do with this policy when you leave Singapore? (This question is only applicable if you are a Non-Singapore Citizen / Permanent Resident based in Singapore)

B. Residence and Travel Question

Important Note

This section will be completed for the following:

- If you are a Singapore Citizen who has resided outside of Singapore for more than 5 years;
- If you hold Permanent Residency/ Employment Pass/ S-Pass/ Work Permit issued in Singapore and has resided outside of Singapore for more than 183 days over the last one year;
- If you hold a Long Term Visit Pass / Dependent Pass / Student Pass / Social Visit Pass and has resided outside of Singapore for less than 90 days over the last one year;
- If you are a Non-Singapore Citizen who is based outside of Singapore and not holding any one of these passes (Employment Pass, Work Permit, Long Term Visit Pass, Dependent's Pass, Student Pass or Social Visit Pass)

1. Do you plan to stay outside your current country of residence in the next 2 years (excluding holidays of less than 3 months)? If yes, please provide the details below Yes No

Country and City	Duration of Stay	Purpose of Travel (Business / Residence / Emigration / Others (please specify))



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Full name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
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A. Declaration by the Proposer and Life to be Insured

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.
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 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

Signature of Proposer:	Signature of Life to be Insured (if different from Proposer and age 16 or above):
Date:	Date: