



Buy-Sell Agreement Insurance 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. Company's information

1. Company Name (as shown in the record of ACRA business profile)

2. Type of Company

Sole Proprietorship Partnership Public Limited

Private Others (please specify)

3. Nature of Business

4. Number of Employees

5. Country of Incorporation

6. Date of Incorporation

7. Please provide details of the company's turnover, profit, current asset and current liability for the last three years.

Year	Turnover (S\$)	Gross Profit (S\$)	Net Profit (S\$)	Current Asset (S\$)	Current Liabilities (S\$)

B. Financial Questions

1. What percentage of the Company's share capital / partnership the Life to be insured owns?

2. What liability arises on the death of the Life to be insured?

3. What relationship exists between the proposer and the Life to be insured?

4. What value has been placed on the business?

Company's Value:		Share's Percentage:	
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Policy Number

B. Financial Questions

5. Please provide details of the basis on which the valuation was calculated

6. Has the Company effected or intend to effect policies on the lives of shareholders? If Yes, please provide details. If No, explain why? Yes No

Name of Insurer	Type of Plan	Sum Insured (S\$)	Year issued / pending

If "No", please provide reason

7. Has a Buy-Sell agreement been made? If Yes, please provide a copy of the agreement. If No, please explain reason below. Yes No

If "No", please provide reason

C. 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.
- 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 & Company Stamp	Name : _____
	Designation : _____
	Date : _____
Signature of Life to be Insured	Name : _____
	Date : _____