



### Keyman 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

#### 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. Life to be Insured - Keyman

1. State the occupation and job title of the Life to be insured

2. What are his/ her key duties and responsibilities in the Company?

3. What is the insured's role and why is the Life to be insured considered the keyman in the company?

4. How long has the Life to be insured been in service?

5. What is the percentage of company's share capital or partnership owned by the insured?

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**B. Life to be Insured - Keyman**

6. What proportion of the Company's net profit can be fairly be attributed by the Life to be insured?

7. Please provide the Life to be insured's total taxable income over the last 2 years.

	Current Year (S\$)	Last Year (S\$)	2 Year Ago (S\$)
Basic Annual Salary			
Variable Income (Bonus & Commission)			
Allowances & Benefits			
Others (Please specify)			
<b>Total taxable income</b>			

8. How is the amount of sum assured calculated?

<input type="checkbox"/> Multiple of salary (please state multiple and salary)	
<input type="checkbox"/> Multiple of profit (please state multiple and salary)	
<input type="checkbox"/> Others (please provide details)	

9. Please provide details of all existing inforce policy (ies) or concurrent application of insurance cover for the Life to be insured owned by the Company (if any)

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

10. How many other employees in the Company are considered as keyman?

11. Has the Company effected or intend to effect policies on the lives of other keyman? If Yes, please provide details  Yes  No

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

12. Does the Company has any succession planning? If yes, please provide details  Yes  No



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#### C. Loan Details (to be completed for loan protection)

1. Please submit a copy of the loan agreement and provide the following details.

Loan Amount	
Name of Lender / Bank	
Repayment Method	

2. Was there any collateral pledged?  Yes  No

3. What is the reason for proposing only on this Life Assured and not one of the other keyman (If applicable)?

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4. What is the purpose of loan (working capital, acquiring of assets etc.)?

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#### D. 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](http://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 : \_\_\_\_\_