



Occupation 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 your occupation?

2. Please select your employment status. Full time Part time Freelance / Self employed

3. What is your field of work?

4. Please describe your exact job duties.

5. Does your job involve the following:
- a. Lifting or moving of heavy goods? Yes No
 - b. Working underground or at heights? Yes No
 - i. If yes, please select one of the following: More than 15 meters Less than 15 meters
 - c. Working with high voltages? Yes No
 - d. Working with chemicals or gases? Yes No
 - e. Working with radioactive substances or explosives? Yes No
 - f. Regular travel? Yes No

If yes, please provide full details.

6. Were you hospitalised as a result of your occupation? Yes No

If yes, please provide details as well as a copy of medical report(s)

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.
- I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.
- I/We agree to inform Etiqua 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 Etiqua 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 Etiqua Insurance, Singapore's Data Protection Policy available at www.etiqua.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)
Date:	Date: