

## Etiqa Insurance Pte Ltd (Company Reg. No. 201331905K)

One Raffles Quay #22-01 North Tower Singapore 048583 | T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

## **Foreigner Questionnaire**

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap 142), 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.

Name of Proposer				NRIC / Passport Number	Policy Number		
Name of Life to be Insured (if other than the Proposer)				NRIC / Passport Number			
A.	Questions						
1.	What is your natio	nality?					
2.	When did you first arrive in Singapore?						
3.	Where are you permanently living?			Country	State		
4.	How long do you in	ntend to stay in Sir	ngapore?				
5.			travel status in Singapore (for example, ss, student pass or social visit pass)?	Official status			
	(b) When is the ex	piry date?		Expiry date			
6.	Where do your imi	mediate family me	mbers currently domicile?	Country	State		
7.	Please give details	s of the countries t	hat you have lived in for the past five yea	rs.	I .		
	From (mm/yyyy)	To (mm/yyyy)	Country	Reason(s)	Occup	Occupation	
			<u> </u>				
8.	Please provide de	tails of the amount	of time spent in Singapore and outside S	Singapore (for current and future travel).			
	Cou	intry		Reason(s)		Length of stay	
	Cou	ıntry		Reason(s)		Length of stay	
	Cou	intry		Reason(s)		Length of stay	
	Cou	intry		Reason(s)		Length of stay	
	Cou	intry		Reason(s)		Length of stay	

Page 1 of 2 QN/07/2014

A. Questions (continued)					
Do you own any property, bank account, investment or business in Singapore If yes, please provide details.	9?	Yes No			
10. Why do you need a Singapore dollar policy?					
11. What do you intend to do with this policy when you leave Singapore?					
B. Declaration by the Proposer and Life to be Insured					
I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this form will constitute part of my proposal for life insurance and that failure to disclose any material fact known to me may invalidate the contract of insurance.					
I confirm that there has been no change in my health or the Life to be Insured's health since the completion of the application forms including all questionnaires of additional declarations made in connection with the application.					
By providing the information in this application form and submitting this application, I further request for and consent to the collection, use and disclosure of my personal data by Etiqa and its related corporations, its agents and Etiqa sharing such personal data with Etiqa's business partners, marketing partners and the Co-Brand Partner (as may be relevant), as well as their authorised service provider, for the purpose of this form.					
Signature of Proposer	Signature of Life to be Insured (if different from Proposer)				
Date:	Date:				

Page 2 of 2 QN/07/2014