



\* P R O P F \*



### Additional Information to Application Form (B90)

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap.142), you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void.

#### Particulars of Life Assured

Name : \_\_\_\_\_

Identity Card / Passport No. : \_\_\_\_\_

Contract No. : \_\_\_\_\_

#### Additional Information

#### Declaration

I/We agree to inform Aviva Ltd if there is any change in the state of my/our health, occupation, financials or my/our activities between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/we understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our Application for the Insurance. I/we declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

\_\_\_\_\_  
Name and Signature of Life Assured

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name and Signature of Assured

\_\_\_\_\_  
Date (dd/mm/yyyy)