



# Health Declaration Form for Accidental Death and Dismemberment Benefit (ADDB)

**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.**

This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Policy Number : \_\_\_\_\_

Life Assured/Assured : \_\_\_\_\_

Gender / Smoker Status : \_\_\_\_\_ Age Next Birthday : \_\_\_\_\_

Occupation : \_\_\_\_\_

Residency / Nationality : \_\_\_\_\_

Sum Assured / Benefit : \_\_\_\_\_ Term : \_\_\_\_\_

## HEALTH QUESTIONS

		Life Assured
1.	Do you have any physical defect or impairment or suffered from any illness or disease of any kind?  If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
2.	Have you ever sustained any injury as a result of an accident over the past five years?  If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

## DECLARATION

**Important Notes:**  
 If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of Applicant : \_\_\_\_\_

Date : \_\_\_\_\_

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

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

Signature of Joint Applicant/  
Third Party Applicant : \_\_\_\_\_

Date : \_\_\_\_\_

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

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

Signature of Witness / Financial : \_\_\_\_\_  
Adviser Representative

Date : \_\_\_\_\_

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

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