



Financial Supplementary Questionnaire (Q17)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Financial Questions (Part 1)

1. What is the purpose of this insurance?

Personal protection or Family protection Residential loan Wealth creation

Others, please specify: _____

2. Please provide your dependants' information:

Relationship (eg Spouse, Child, Parent)	Age of Dependant

3. Please state your total income:

	Last Year (\$)	2 Years Ago (\$)
Basic annual salary		
Allowance & benefits		
Variable income (eg commissions, bonuses)		
Others, please specify:		
Total Income		

4. Please provide the estimated value of your assets and liabilities:

Assets	S\$	Liabilities	S\$
Properties		Mortgage(s)	
Investment (eg bonds and shares)		Personal loan(s) / Overdraft facilities	
Cash / Savings		Others, please specify:	
Others, please specify:			
Total		Total	

Financial Questions (Part 2)

Please complete Part 2 for personal insurance S\$5,000,000 and above.

5. Details of properties owned:

Type of Property (eg landed, condo, commercial unit)	Property Address	Approximate Market Value (S\$)	Mortgage Amount (S\$)	Percentage of Ownership

6. Do you have any business interests?

Yes No

If 'Yes', please provide details:

- (a) Name of company: _____
- (b) Nature of business: _____
- (c) Your designation & duties: _____
- (d) Commencement date of business: _____
- (e) Percentage of ownership: _____

(f) Company Financial Background:

	S\$		S\$
Authorised capital		Paid-up capital	
Total assets		Total liabilities	

	Last Year (S\$)	2 Years Ago (S\$)	3 Years Ago (S\$)
Business turnover			
Gross profit			
Profit before tax			

(g) Please provide details of projects / contracts currently being handled and their values:

Details of Current Project / Contract	Value (S\$)

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our financials and/or health status 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 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)