



## Partnership Insurance Supplementary Questionnaire (Q19)

### Particulars of Life Assured

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

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

### Questions

1. Please state your occupation, exact duties and responsibilities :

\_\_\_\_\_

2. Please provide details of the partnership:

(a) Name of business: \_\_\_\_\_

(b) Business commencement date: \_\_\_\_\_

(c) Number of business partners: \_\_\_\_\_

(d) Number of employees: \_\_\_\_\_

(e) Current book value of the partnership: S\$ \_\_\_\_\_

(f) Current net value of the partnership: S\$ \_\_\_\_\_

3. Please provide financial overview of the business :

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

4. Please provide your total income :

	Last Year (S\$)	2 Years Ago (S\$)
Basic annual salary		
Share of profits		

5. Is there a "Buy and Sell Agreement"?

Yes       No

If 'Yes', please submit a copy of the document.

If 'No', please state reason for not having one.

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6. Does the partnership intend to effect or has already effected any insurance on the rest of the partner(s)?

Yes       No

If 'Yes', please provide details:

Name of Other Business Partner	Name of Insurer	Type of Insurance	Sum Assured (S\$)	Year Issued

If 'No', please provide reasons:

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<b>Declaration</b>
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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)