



Keyman Insurance Supplementary Questionnaire (Q20)

Particulars of Life Assured

Name : _____

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

Questions

1. Please state the Life Assured's occupation, duties and responsibilities:

2. Please explain why the Life Assured is a keyman of the company.

3. Please state the Life Assured's remuneration package for the last 2 years:
(Please state the currency used.)

| | Currency | Last Year (\$) | 2 Years Ago (\$) |
|---|----------|----------------|------------------|
| Basic annual salary | | | |
| Allowances and benefits | | | |
| Variable income (eg commissions / bonuses) | | | |
| Others, please specify: | | | |
| Total | | | |

4. Please provide details of the company:

(a) Name of business: _____

(b) Business commencement date: _____

(c) Number of employees: _____

(d) Number of years the Life Assured has been a keyman: _____

5. Please provide financial overview of the business:

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

6. For new business setup of less than two years, do you have a business plan?

Yes No

If 'Yes', please submit a copy of the business plan and prospectus.

7. What proportion of company's profit is attributed to the Life Assured?

8. How is the amount of Sum Assured derived?

9. How many other employees are there in the company who are also considered keyman?

10. Does the company intend to effect or has already effected any keyman insurance on the rest of the keymen?

Yes No

If 'Yes', please provide details:

| Name of Other Keyman | Name of Insurer | Type of Insurance | Sum Assured (S\$) | Year Issued |
|----------------------|-----------------|-------------------|-------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

If 'No', please provide reasons:

11. Please state the existing life cover on the Life Assured:

(a) Owned by the company: S\$ _____

(b) Owned by the Life Assured: S\$ _____

12. If this keyman insurance application is for loan protection purpose, please submit copy of the Loan Document and provide the following:

(a) How is the Sum Assured derived?

(b) What is the purpose of the loan?

(c) What is the repayment method?

(d) Who is the creditor?

(e) Why is the policy effected on this particular Life Assured and not on other keyman?

(f) What are the other collaterals that are pledged?

| |
|--------------------|
| 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)