



Occupational Supplementary Questionnaire (Q38)

Particulars of Life Assured

Name : _____

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

Questions

1. Please state your occupation:

2. Please describe the nature of work performed.

(a) Does your work include lifting or moving heavy goods?

Yes No

If 'Yes', please provide details: _____

(b) Does your work involve working underground or at heights?

Yes No

If 'Yes', please provide details:

Maximum Depth / Height	Frequency	Equipment Used to Get to Depth / Height (eg lifts, steel platform, ladder)

(c) Are you exposed to high voltage?

Yes No

If 'Yes', please provide details: Minimum voltage _____ Maximum voltage _____

(d) Does your work involve handling chemicals, gases or explosives?

Yes No

If 'Yes', please provide details: _____

(e) Does your work involve operation of heavy or dangerous equipment (eg tower crane, gondola, scaffoldings, bulldozers)?

Yes No

If 'Yes', please provide details: _____

(f) Does your work involve working on a ship or sea vessel?

Yes No

If 'Yes', please provide details:

Type of Vessel (eg ocean liners, passenger / cargo vessels, oil tankers)	Location (Coastal Waters / Deep Sea)

(g) Does your work involve working offshore (ie oil rig)?

Yes No

If 'Yes', please provide details:

Location	Frequency	Average Duration of Each Stay	Mode of Transport

(h) Does your work involve travelling in privately owned or chartered aircraft?

Yes No

If 'Yes', please provide details:

Average Number of Flying Hours Per Annum	Flying Capacity as a Crew or Passenger

(i) Does your work involve travelling outside of your country of residence?

Yes No

If 'Yes', please provide details:

Country	Frequency of Travel	Average Duration of Each Stay

(j) Have you ever had any accident while performing your occupational duties?

Yes No

If 'Yes', please provide details:

Date of Occurrence	Details of Accident

(k) Has your health ever been affected by your occupation?

Yes No

If 'Yes', please provide details:

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our lifestyle/activities 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)