

High Sum Insured Questionnaire

This statement should be completed by the person to be assured

Important Notice

- STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.

Agent Name/Code: _____			
Name of Applicant: _____ (Mr/Ms/Mdm/Dr)			
Name of Employer: _____ (if applicable)			
Date of Birth: ____/____/____ (DD/MM/YY) Marital Status: _____ Tel: _____ (Mobile No.)			
1. Name of Proposed Insured: _____			
2. NRIC No: _____ Occupation: _____			
3. Address of Residence: _____			
4. Name of Employer / Nature of Business: _____			
5. Date of Birth: ____/____/____ (DD/MM/YY) Tel: _____ (Mobile No.)			
6. Residence Particulars: <input type="checkbox"/> Owns Residence – Purchase Price: _____ <input type="checkbox"/> Rents Residence – Monthly Rent: _____ How long have you lived at residence: _____			
7. Family Particulars: <input type="checkbox"/> Single <input type="checkbox"/> Married Name of Spouse: _____ Number of children under age 21: _____ Number of People living in residence: _____ Number of Cars/Brand owned: 1. _____ 2. _____ 3. _____ 4. _____			
8. Income Particulars:			
	<u>Estimated This Year</u>	<u>Last Year</u>	<u>2 Years Ago</u>
Annual Salary:	_____	_____	_____
Other Income:	_____	_____	_____
Total Income:	_____	_____	_____
9. Source of Other Income: _____			

10. Other Property Owned: 1. Residential Premises Business Premises Land

Address: _____

Approx. Current Value: _____ Purchase Value: _____

Date of Purchase: _____ Mortgage Amount: _____

2. Residential Premises Business Premises Land

Address: _____

Approx. Current Value: _____ Purchase Value: _____

Date of Purchase: _____ Mortgage Amount: _____

11. How long have you been employed in your present place of work: _____

12. Additional Information to disclose: (eg. current insurer and sum insured per policy):

(a) Current Life and Personal Accident policies in force: _____

(b) Any concurrent proposals for life assurance or Personal Accident insurances being made and their purpose:

Declaration:

- I / We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my / our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg
- I / We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I / We understand that I / We can withdraw or manage my / our consent to receive marketing and promotional information at www.sompo.com.sg
- I / We am / are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

Signature of Insured

Date

NOTE: The above information is required by our Company to supplement your application for insurance. Please complete all questions. Your answer will be used in strict confidence by our Company.