

## High Sum Insured Questionnaire

This statement should be completed by the person to be assured

### Important Notice

1. **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: \_\_\_\_\_

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Name of Applicant \_\_\_\_\_ (Mr/Ms/Mdm/Dr)

Name of Employer (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (DD/MM/YY)

Marital Status \_\_\_\_\_ Tel \_\_\_\_\_ (O) \_\_\_\_\_ (H)

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1. Name of Proposed Insured:

2. NRIC No: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Address of Residence: \_\_\_\_\_

4. Name of Employer / Nature of Business: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

6. Residence Particulars:  Owns Residence – Purchase Price: \_\_\_\_\_  
 Rents Residence – Monthly Rent: \_\_\_\_\_  
 How long have you lived at residence: \_\_\_\_\_

7. Family Particulars:  Single  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: \_\_\_\_\_ Estimated This Year \_\_\_\_\_ Last Year \_\_\_\_\_ 2 Years Ago

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:

13. 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](http://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](http://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.