



Aviation (Military) – Supplementary Questionnaire

Q14

A. Particulars of Life to be Assured / Assured

Name	:	_____
NRIC/ Passport No.	:	_____
Contract No.	:	_____

B. Flying Experience

No.	Questions	Answers
1.	Please state your occupation:	
2.	Please indicate the usual purpose of your flying?	<input type="checkbox"/> Pilot for Air Transportation Only <input type="checkbox"/> Instructor for Air Transportation Only <input type="checkbox"/> As a Pilot on Fixed Wing and Helicopter <input type="checkbox"/> As an Aircrew <input type="checkbox"/> Tester for Prototypes or Modified Aircraft <input type="checkbox"/> Other, please provide details:
3.	What type of aircraft(s) do you fly?	
4.	How many hours per annum did you fly in the last 12 months?	
5.	How many hours per annum will you fly in the next 12 months?	
6.	Are you involved in any of these activities?	<input type="checkbox"/> Stunt Flying <input type="checkbox"/> Test Flying <input type="checkbox"/> Airshow Exhibition / Displays If Yes , please provide the following: <ul style="list-style-type: none"> • Frequency: • Number of hours per annum:

7.	Are you involved in Parachuting activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please tick where applicable: <input type="checkbox"/> Static Line <input type="checkbox"/> Free Fall <input type="checkbox"/> Record Attempts or Competitions Please provide details on frequency per annum:
6.	Do you fly in any other capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide full details (average hours per annum, type of aircraft; purpose)

C. Declaration

I agree to inform Aviva Ltd if there is any change in the state of my health or my activities between the date of this Health Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I declare that the information given is true and complete and that I have not withheld any material information that may influence the assessment of my application.

Signature of Assured : _____ Date : _____

Signature of Life to be Assured : _____ Date : _____
(If other than the Assured)