



Self-Employed – Supplementary Questionnaire

Q18

**A. Particulars of Life to be Assured / Assured**

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

**B. Questions**

No.	Questions	Answers
1.	What is the purpose of this insurance?	<input type="checkbox"/> Personal Protection or Family Protection <input type="checkbox"/> Residential Loan <input type="checkbox"/> Others (Please specify):
2.	Please confirm your dependent family information:	<input type="checkbox"/> Spouse <input type="checkbox"/> Children (Please advise how many children and the age of each):  <input type="checkbox"/> Others (Please confirm the relationship and the age of each):
3.	Please provide details of all insurance presently inforce or solicited simultaneously on the Life to be Assured.  Information should include:  (a) Name of Insurance Company (b) Type of Policy e.g. Life, Accident, Disability (c) Amount Insured (d) Date Issued	

4.	Please provide the following:	
	<b>Residential Property:</b> Location:  Type:  Ownership:  Approximate Current Market Value:  Mortgage Amount:	<b>Properties / Premises other than residence:</b> Location:  Type:  Ownership:  Approximate Current Market Value:  Mortgage Amount:
5.	Please state your total taxable income over the last 2 years:  (Note: "Unearned Income" refers to income from rental of properties, dividends from shares in businesses in which he/she has no personal involvement, interest from fixed bank deposits etc. If in doubt, please indicate the amount and source of the income.)	
	<b>Last Year:</b>  Basic Annual Salary:                   \$  Allowances & Benefits:                \$  Variable Income (e.g. Commissions / Bonuses):    \$  Others / Unearned Income: (Please specify)                        \$  <b>Total Taxable Income:</b> \$	<b>2 Years Ago:</b>  Basic Annual Salary:                   \$  Allowances & Benefits:                \$  Variable Income (e.g. Commissions / Bonuses):    \$  Others (Please specify):                \$  <b>Total Taxable Income</b> \$
6.	Please provide the estimated value of your assets and liabilities:	
	<b>Assets:</b>  Property:                                 \$  Investment:                               \$  Unquoted Equities:                     \$  Others (Please specify):                \$  <b>Total:</b> \$	<b>Liabilities:</b>  Mortgage(s) :                            \$  Loans / Overdraft Facilities:         \$  Collateral Pledged:                     \$  Others (Please specify):                \$  <b>Total:</b> \$
7a.	Details of Business: Name of Company	

7b.	Nature of Business	
7c.	Designation, Personal Responsibilities and Duties	
7d.	Do you work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> , please state how often and the duration:
7e.	How long have you been in this business?	
7f.	Number of employees	
7g.	In the event of death or disability, how would this affect the profitability of the business?	
7h.	Business Turnover Volume	<ul style="list-style-type: none"> <li>• Last Year:     \$</li> <li>• 2 Years Ago:     \$</li> <li>• 3 Years Ago:     \$</li> </ul>
7i.	Profit before Tax	<ul style="list-style-type: none"> <li>• Last Year:     \$</li> <li>• 2 Years Ago:     \$</li> <li>• 3 Years Ago:     \$</li> </ul>
7j.	Details of projects / contracts currently being handled and their values	

8.	Other details possibly relevant to the application	
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**C. Declaration**

I agree to inform Aviva Ltd if there is any change in the state of my health, financial or my activities between the date of this 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)