



Keyman Insurance – Supplementary Questionnaire

Q20

A. Particulars of Life to be Assured / Assured

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

B. Financial Questions

No.	Questions	Answers																								
1.	<p>Please state the Main Life Assured's occupation, exact duties and responsibilities.</p> <p>Please provide details why is he/she considered a "keyman" of the company.</p>																									
2.	<p>Please state the Main Life Assured's total taxable income over the last 2 years: (Please state the currency used, if applicable)</p> <table border="1"> <thead> <tr> <th colspan="2">Last Year:</th> <th colspan="2">2 Years Ago:</th> </tr> </thead> <tbody> <tr> <td>Basic Annual Salary:</td> <td>\$</td> <td>Basic Annual Salary:</td> <td>\$</td> </tr> <tr> <td>Allowances & Benefits:</td> <td>\$</td> <td>Allowances & Benefits:</td> <td>\$</td> </tr> <tr> <td>Variable Income (e.g. Commissions / Bonuses):</td> <td>\$</td> <td>Variable Income (e.g. Commissions / Bonuses):</td> <td>\$</td> </tr> <tr> <td>Others (Please specify):</td> <td>\$</td> <td>Others (Please specify):</td> <td>\$</td> </tr> <tr> <td>Total Taxable Income:</td> <td>\$</td> <td>Total Taxable Income</td> <td>\$</td> </tr> </tbody> </table>	Last Year:		2 Years Ago:		Basic Annual Salary:	\$	Basic Annual Salary:	\$	Allowances & Benefits:	\$	Allowances & Benefits:	\$	Variable Income (e.g. Commissions / Bonuses):	\$	Variable Income (e.g. Commissions / Bonuses):	\$	Others (Please specify):	\$	Others (Please specify):	\$	Total Taxable Income:	\$	Total Taxable Income	\$	
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3.	<p>Please provide Business Details: (Please state the currency used, if applicable)</p> <table border="1"> <tbody> <tr> <td>Nature of Business:</td> <td>Business Turnover Volume:</td> </tr> <tr> <td>Date Business Commenced:</td> <td>• Last Year: \$</td> </tr> <tr> <td>Number of Employees:</td> <td>• 2 Years Ago: \$</td> </tr> <tr> <td>Number of years of employment:</td> <td>• 3 Years Ago: \$</td> </tr> <tr> <td></td> <td>Profit before tax:</td> </tr> <tr> <td></td> <td>• Last Year: \$</td> </tr> <tr> <td></td> <td>• 2 Years Ago: \$</td> </tr> <tr> <td></td> <td>• 3 Years Ago: \$</td> </tr> </tbody> </table>	Nature of Business:	Business Turnover Volume:	Date Business Commenced:	• Last Year: \$	Number of Employees:	• 2 Years Ago: \$	Number of years of employment:	• 3 Years Ago: \$		Profit before tax:		• Last Year: \$		• 2 Years Ago: \$		• 3 Years Ago: \$									
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4a.	What proportion of the Company's net profit is attributed to the Life Assured	%
4b.	How many other employees in the Company who are also considered 'Keyman'?	
4c.	How is the amount of Sum Assured derived?	
4d.	Does the Company intend to effect any Keyman Insurance on them or are there insurance which are already in forced?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
5.	What amount of existing life cover on the Life to be Assured is <ul style="list-style-type: none"> • Owned by the Company? • Owned by the Life to be Assured? 	
For loan protection purpose, please submit copy of Loan Document and provide the following:		
6a.	How is the amount of Sum Assured derived?	
6b.	What is the purpose of the loan?	
6c.	What is the repayment method?	
6d.	Who is the creditor?	
6e.	Why is the policy effected on this particular Life to be Assured and not one of the other Keymen?	
6f.	What other collateral is pledged?	

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 : _____

Name & Designation of Signatory : _____ Company Stamp : _____