



Occupational – Supplementary Questionnaire

Q38

A. Particulars of Life to be Assured / Assured

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

B. Occupation Questions

No.	Questions	Answers	
1.	Please confirm your exact occupation (include all if you have more than one):		
2.	Please describe the nature of work performed:		
		<b>Yes</b>	<b>No</b>
3.	Do any duties include lifting or moving heavy goods?	<input type="checkbox"/>	<input type="checkbox"/>
		<b>If Yes</b> , please provide details:	
4.	Do any duties include working under ground or at heights? (a) Maximum depth or height and frequency involved (b) Equipment used to get to depth or height (e.g. lifts, steel platform, ladders)	<input type="checkbox"/>	<input type="checkbox"/>
		<b>If Yes</b> , please answer (a) and (b) and provide full details:	
5.	Are you exposed to high voltages?	<input type="checkbox"/>	<input type="checkbox"/>
		<b>If Yes</b> , please state maximum and minimum voltage involved:	
6.	Do any duties include handling chemicals, gases or explosives?	<input type="checkbox"/>	<input type="checkbox"/>
		<b>If Yes</b> , please provide details:	
7.	Do any duties include the operation of heavy or dangerous equipment (e.g. tower crane, gondola, scaffoldings, bulldozers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
		<b>If Yes</b> , please provide details:	
8.	Do any duties include working offshore on a ship or sea vessel? (a) Type of vessel (e.g. ocean liners, passenger or cargo vessels, oil-tankers, etc.) (b) Location (coastal waters/deep sea)	<input type="checkbox"/>	<input type="checkbox"/>
		<b>If Yes</b> , please answer (a) and (b) and provide details:	

No.	Questions	Yes	No	Answers
9.	Do any duties include <b>travel</b> in a privately owned or chartered aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes</b> , please state the average number of flying hours per annum as crew or passenger.
10.	Do any duties include <b>travel</b> outside of your country of residence?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes</b> , please provide countries travelled to, the frequency of travel and the average duration of each stay:
11.	Have you <b>ever</b> had an <b>accident</b> while performing your occupational duties?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes</b> , please provide details:
12.	Has your <b>health</b> ever been <b>affected</b> by your occupation?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes</b> , please provide details:

### 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)