



Hazardous Pursuits – Supplementary Questionnaire

Q39

A. Particulars of Life to be Assured / Assured

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

B. Activity / Sports

No.	Questions	Answers
1.	Please indicate the type of activity / sports that you are involved in:	
2.	Please indicate in what capacity are you participating in this activity / sports:	<input type="checkbox"/> Amateur <input type="checkbox"/> Professional <input type="checkbox"/> Instructor <input type="checkbox"/> Leisure / Pleasure <input type="checkbox"/> Competition <input type="checkbox"/> Record Attempts <input type="checkbox"/> Other, please provide details:
3.	Please state the qualifications that you hold in relation to this activity / sports:	
4.	Do you belong to any Club or Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide details:
5.	Please indicate the frequency of participation in the last 12 months:	

<p>6.</p>	<p>Please complete the following data, where applicable:</p>	<p>Number of participation: (Example: Dives, races, jumps, flights etc)</p> <p>Average and maximum depth of dives: Average (metres): Maximum (metres):</p> <p>Do you dive alone or accompanied:</p> <p>Do you participate in cave or wreck-diving? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p> <p>Make and type / Formula of vehicle(s):</p> <p>Engine capacity:</p> <p>Name of circuits:</p> <p>Number of competitions to date:</p> <p>Type of jumps: <input type="checkbox"/> Static line <input type="checkbox"/> Synchronic jumps <input type="checkbox"/> Free fall <input type="checkbox"/> Formation jump <input type="checkbox"/> Competition <input type="checkbox"/> Other, please provide details</p> <p>Type of aircraft(s):</p> <p>Number of hours flew per annum in the last 12 months:</p> <p>Number of hours per annum flew in the next 12 months:</p> <p>Do you fly in any other capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details (average hours per annum, type of aircraft, purpose):</p>
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7.	Do you use any equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please tick : <input type="checkbox"/> Powered attachments (eg:Hang Gliding) <input type="checkbox"/> Ropes and aids <input type="checkbox"/> Other, please provide details:
8.	Have you ever been injured while participating in this activity / sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide details on exact diagnosis, date, treatment and sequelae of the injury/ accident:
9.	Is there any intention to become a professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , 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)