



Residential – Supplementary Questionnaire

Q47

A. Particulars of Life to be Assured / Assured

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

B. Residential Questions

No.	Questions	Answers
1.	What is the legal basis of your stay in the current country of residence (eg. Permanent Resident, Visa, Employment Pass etc) Please submit proof of residence pass, if applicable.	
2.	How long have you been residing in the current country of residence?	
3.	How long do you intend to stay in the current country of residence?	
4.	In the past 12 months, have you spent more than 25% (3 months) of your time outside the current country of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide the following: <ul style="list-style-type: none"> • Country: • Purpose of travel: • Date of travel: • Duration:
5.	In the next 12 months, do you expect to go abroad (outside the current country of residence) other than for short term holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide the following: <ul style="list-style-type: none"> • Country: • Purpose of travel: • Date of travel: • Duration:

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)