



Employee Benefit Insurance – Supplementary Questionnaire

Q48

A. Particulars of Life to be Assured / Assured

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

B. Financial Questions

No.	Questions	Answers
1.	What is the purpose of this insurance?	<input type="checkbox"/> Employee Benefit <input type="checkbox"/> Others (Please specify):
2a.	Please provide Business Details: Name of Business	
2b.	Nature of Business	
2c.	Date Business Commenced	
2d.	Designation and Duties	
2e.	No of Employees in the Company	
3.	How is the Sum Assured derived?	
4.	Are all the Employees given the same benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No , please provide details:
5.	Please state the beneficiary of the application.	

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 : _____