



## Self-Employed Supplementary Questionnaire (Q18)

### Particulars of Life Assured

Name : \_\_\_\_\_

Identity Card / Passport No. : \_\_\_\_\_ Contract No. : \_\_\_\_\_

### Questions

1. What is the purpose of this insurance?

Personal protection / Family protection       Residential loan       Wealth creation

Others, please specify: \_\_\_\_\_

2. Please provide your dependants' information:

Relationship (eg Spouse, Child, Parent)	Age of Dependant

3. Details of properties owned :

Type of Property (eg landed, condo, commercial unit)	Property Address	Approximately Market Value (S\$)	Mortgage Amount (S\$)	Percentage of Ownership

4. Please state your total income over the last 2 years :

	Last Year (S\$)	2 Years Ago (S\$)
Basic annual salary		
Allowance & benefits		
Variable income (eg commissions / bonuses)		
Others, please specify:		
<b>Total Income</b>		

5. Please provide the estimated value of your assets and liabilities :

Assets	S\$	Liabilities	S\$
Properties		Mortgage(s)	
Investment (eg bonds and shares)		Personal loans/ Overdraft facilities	
Cash / Savings		Others, please specify:	
Others, please specify:			
<b>Total</b>		<b>Total</b>	

6. Please provide details of your business:

(a) Name of company: \_\_\_\_\_

(b) Nature of business: \_\_\_\_\_

(c) Your designation & duties: \_\_\_\_\_

(d) Do you work from home?

Yes       No

If 'Yes', please provide details. Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

(e) How long have you been in this business? \_\_\_\_\_

(f) Number of employees: \_\_\_\_\_

(g) Percentage of ownership: \_\_\_\_\_

(h) Please provide financial overview of the business.

	Last Year (S\$)	2 Years Ago (S\$)	3 Years Ago (S\$)
Business turnover			
Gross profit			
Profit before tax			

(i) Please provide details of projects / contracts currently being handled and their value:

Details of Current Project / Contract	Values (S\$)

(j) In the event of your death or disability, how would this affect the profitability of the business?

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(k) Please provide other relevant details:

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<b>Declaration</b>
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I/We agree to inform Aviva Ltd if there is any change in my/our financials and/or health status between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

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Name and Signature of Life Assured

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Date (dd/mm/yyyy)

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Name and Signature of Assured

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Date (dd/mm/yyyy)