



Partnership Insurance Supplementary Questionnaire (Q19)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Questions

1. Please state your occupation, exact duties and responsibilities :

2. Please provide details of the partnership:

(a) Name of business: _____

(b) Business commencement date: _____

(c) Number of business partners: _____

(d) Number of employees: _____

(e) Current book value of the partnership: S\$ _____

(f) Current net value of the partnership: S\$ _____

3. 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			

4. Please provide your total income :

	Last Year (S\$)	2 Years Ago (S\$)
Basic annual salary		
Share of profits		

5. Is there a "Buy and Sell Agreement"?

Yes No

If 'Yes', please submit a copy of the document.

If 'No', please state reason for not having one.

6. Does the partnership intend to effect or has already effected any insurance on the rest of the partner(s)?

Yes No

If 'Yes', please provide details:

Name of Other Business Partner	Name of Insurer	Type of Insurance	Sum Assured (S\$)	Year Issued

If 'No', please provide reasons:

Declaration

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.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)