



* Q U E S T *



Employee Benefit Insurance Questionnaire (Q48)

Particulars of Life Assured

Name : _____

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

Questions

1. What is the purpose of this insurance?

Employee benefit Others, please specify: _____

2. Please provide details of the business:

(a) Name of business: _____

(b) Nature of business: _____

(c) Business commencement date: _____

(d) Designation & duties: _____

(e) Number of employees of similar rank: _____

3. How is the amount of Sum Assured derived?

4. Are all the employees of similar rank given the same benefit?

Yes No

If 'No', please provide the reason(s):

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)