* Q U E S T *

Singlife with AVIVA

Aviation (Military) Supplementary Questionnaire (Q14)

Particulars of Life Assured

Name : _____

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

Questions

1. Please state your current rank and your branch of service.

   _____

2. Please indicate the usual purpose for flying:

   ☐ As a pilot for air transportation only ☐ As an instructor for air transportation

   ☐ As a pilot on fixed wing and helicopter ☐ As a tester for prototypes or modified aircraft

   ☐ As an aircrew ☐ Others, please provide details: _____

3. What type(s) of aircraft do you fly?

   _____

4. How many hours did you fly in the last 12 months? _____

5. How many hours will you fly in the next 12 months? _____

6. Are you involved in any of these activities?

   ☐ Stunt flying ☐ Test flying ☐ Airshow exhibition / displays

   ☐ Others: _____

   If so, please provide details:

   Frequency: _____ Number of hours per annum: _____

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7. Are you involved in parachuting activities? ☐ Yes ☐ No

If **'Yes'**, please tick where applicable:

☐ Static line ☐ Free fall ☐ Record attempts or competitions

Please specify frequency per annum:_____

8. Do you fly in any other capacity? ☐ Yes ☐ No

If **'Yes'**, please provide full details:

Type of Aircraft	Average Hours per Annum	Purpose

Declaration

I/We agree to inform Singapore Life Ltd. if there is any change in my/our lifestyle/activities and/or health status between the date of this Declaration and the date full insurance coverage is provided by Singapore Life 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)

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