* Q U E S T *

Singlife with AVIVA

Aviation (Private) Supplementary Questionnaire (Q50)

Particulars of Life Assured

Name : _____

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

Questions

1. Please indicate the main purpose for flying.

   ☐ Leisure

   ☐ Passenger transport, including chartered flight

   ☐ Military

   ☐ Other, please specify: _____

2. Please provide details of your aviation licence / qualification.

   Type of licence : _____

   Issuing country / body : _____

   Issuing year : _____

3. Please indicate the average number of flying hours expected per year.

   ☐ Up to 200 hours

   ☐ Up to 300 hours

   ☐ Up to 600 hours

   ☐ More than 600 hours

4. Please indicate the total solo flying hours you have accumulated.

   ☐ Up to 100 hours

   ☐ Up to 400 hours

   ☐ More than 4 hours

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Company Reg.No. 196900499K GST Reg.No. MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No. 200103470W GST Reg.No. 20-0103470-W

5. Have you ever been involved in any flying accident or have your aviation licence suspended or revoked?

☐ No

☐ Yes. Please provide details: _____

Declaration

I/We agree to inform Singapore Life Ltd. if there is any change in my/our 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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