



Hazardous Pursuits Questionnaire

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

Full name of Life to be Insured (as shown in NRIC/Passport)

NRIC / Passport Number / FIN

Policy Number

A. Questions

1. What hazardous pursuit(s) are you involved in?

2. How long have you participated in this activity (Year / Month)?

3. Please indicate the number of events/trips/dives/climbs/jumps you have participated in the last 12 months

4. Please indicate the number of hours you have engaged in this activity in the last 12 months.

5. Please indicate the average and maximum height/depth/speed involved in this activity.

Maximum Height / Depth

Average Height / Depth

Maximum Speed

Average Speed

Degree of difficulty (Easy / Moderate / Difficult / Severe)

6. In which countries do you participate this activity?

7. Please indicate the equipment that you use for this activity.



Hazardous Pursuits Questionnaire

Full name of Life to be Insured (as shown in NRIC/Passport)

NRIC / Passport Number / FIN

Policy Number

A. Questions (Continued)

8. If you are using engine-propelled equipment, please indicate the engine size

9. . Please provide details of any formal qualifications or certifications attained related to this activity.

10. Are you a member of a related club or association? If yes, please provide details

11. Are you involved in any record attempts?

12. .Have you ever suffered from any illness or injury, or had an accident as a result of this activity?
If yes, please provide details including date of occurrence(s)

B. Declaration and Authorisation

1. I/We declare that all the information given above is to the best of my/our knowledge, true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance and any material fact known to me/us may invalidate the contract of insurance.
2. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.
3. I/We agree to inform Etiqa Insurance Private Limited ("the Company") if there is any change in the Proposer / Life to be Insured's state of health or any information provided in the application form from the date I/we signed the application form to the issued date of my/our policy. I/W understand that the Company may vary the acceptance term or void the contract according to such information received.

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same

Signature of Proposer

Signature of Life to be Insured (if different from Proposer and age 16 or above)

Date:

Date: