



Preliminary Underwriting Form

Representative's Name		Representative's Code	
A. DETAILS OF LIFE TO BE INSURED			
Full Name :			
NRIC / Passport No :		Date of Birth (dd/mm/yyyy) :	
Gender : Male / Female *		Occupation :	
Nationality :		Country of Residence :	
Smoker Status : Smoker / Non-smoker *		Height / Weight : cm / kg	
B. DETAILS OF PROPOSED COVER			
Plan Name :		Sum Assured : US\$ / S\$ *	
C. FINANCIAL DECLARATION			
Annual Income : US\$ / S\$ *		Net Assets : US\$ / S\$ *	
Existing / Concurrent Application with Other Insurers			
Life : US\$ / S\$ *		TPD : US\$ / S\$ *	
CI : US\$ / S\$ *		Others : US\$ / S\$ *	
D. MEDICAL DECLARATION (please attach all medical reports available)			
Medical Condition(s) & Date of Onset			
Current Medication / Treatment			
Last & Current Follow-up Dates (if any)			
Type of Investigation Done & Results			
Family History (Relationship, medical condition & date of onset)			
E. OTHER USEFUL INFORMATION			
<i>*Please delete accordingly</i>			