

The strength behind your insurance

6. LIABILITIES Mortgage(s):

7. OCCUPATION

Personal Loan(s):

Name of the Company: Nature of Business:

## LARGE AMOUNT QUESTIONNAIRE

(To be completed by the applicant)

PART I  1. PURPOSE OF IN	SURANCE				
☐ Family Protection ☐ Estate Duties Protection ☐ Others (if give details)		<ul><li>□ Keyman Insurance Protection</li><li>□ Loan Repayment/Mortgage Protection</li></ul>			
other life insurance				overs in force with our company on sured, family members and famil	
Policy Issue Date	Insurance Company	Name of Insured	Type of coverage	Amount of coverage (in US\$)	
3. INCOME DETAILS (in US\$) Income of Last 3 Years (including all commission/bonuses): Unearned Income in the Past 12 months: Property Rental Income: Interest from Bank Deposit: 4. ASSETS Residence (if owned) Date of Purchase: Outstanding Mortgage: Other Properties Owned Address 1:		Year Year Year Year Year Year Year Year		:	
Date of Purchase: Address 2:			Purchase Price	Purchase Price:	
Date of Purchase: No of Car(s) Owned: Fixed Deposits: Other Assets Details:			Purchase Price:  Model of the Car(s):  Shares:  Value:		
5. FAMILY LIFE STYLE No. of Dependents: No. of Maid/Driver:				Age and Relationship:	
Residential Proper Monthly Rental:	rty (if rented)		Paid by:		

Overdraft:

Others:

Commencement Date of the Business Insured's Percentage of Ownership of				
Position Held and for How Long: —				
No. of Employees in the Company: _				
* *		Paid-up Capital:		
Total Asset:			S:	
	Year	Year	Year	
Business Turnover:				
Gross Profit:				
Net Profit:				
Details of Other Businesses Owned				
Name:				
Turnover:			(last year)	
Net Profit:				
Name:				
Turnover:		(this year)	(last year)	
Net Profit:		. , ,		
PART II  1. FOR KEYMAN INSURANCE				
Please give reasons why the Proposed	Insured/ Insured i	is considered to be so valuable to t	he company.	
Please specify how the sum assured w	ras calculated.			
How many other executives are there	at this or a higher l	evel?		
Are or will other key employees have	cover effected on the	heir lives? If "yes", please give deta	ails.	
Total value of the Proposed Insured's	/ Insured's current	remuneration (Please submit inco	me tax return for reference).	
2. FOR PARTNERSHIP INSURANCE				
What liabilities arise on the death of t		ed/Insured?		
Are policies effected on all shareholde	ers/ partners? If "y	es", please give details.		
What is the current valuation on the s valuation report for reference).	hares/ partnership	? (Please submit Buy & Sell Agreer	ment and current official	
3. FOR LOAN PROTECTION (Please	submit Loan Agree	ement for reference)		
1	Business Loan			
Name of Lender:		Name of Borrower:		
Loan Amount:		Repayment Period:		
Commencement Date of the Loan:				
DECLARATION				
I/We hereby declare that to the best disclosures will form part of the basis	•	ledge, the foregoing statements a	re true and complete and such	
Signature of Proposed Insured/Insur	red:	Date (day/mo	nth/year):	
Signature of Applicant/Owner:		Date (day/mo	onth/year):	