



AIA SINGAPORE LARGE AMOUNT QUESTIONNAIRE

Particulars of Insured and Policy Owner

Name of Insured	NRIC/Passport/FIN No.
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Name of Policy Owner	NRIC/Passport/FIN No.
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Policy Numbers

<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

- ❖ For Applicant/Owner application, please complete this questionnaire based on Insured's profile.
- ❖ Where the insured is a juvenile, please complete this questionnaire based on Applicant /Owner's profile.

All figures in this questionnaire are in Singapore Currency. Please specify if you wish to use other currency.

Part 1

Net Worth			Income	
Type of Assets	Value/ Amount	% of ownership	Type of Income	Annual Income
Personal Use Assets			Employment	
Residential property		%	Commissions	
Others, please specify: <input style="width: 90%; height: 20px;" type="text"/>		%	Business	
Total Personal Use Assets		%	Investment Income	
Invested Assets			Rental Income	
Investment (eg shares, unit trusts)		%	Others, please specify: _____	
Others, please specify: <input style="width: 90%; height: 20px;" type="text"/>		%	Total Annual Income	
Total Invested Assets		%	Remarks- Please provide any additional information that you feel will be helpful in processing your application.	
Cash/ Cash Equivalent				
Bank Deposits				
Others, please specify: <input style="width: 90%; height: 20px;" type="text"/>				
Total cash/ Cash Equivalent				
Total Assets (A)				



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Liabilities		
Mortgage Loan		%
Others, please specify:		%
Total Liabilities (B)		%
Net Worth (A) – (B)		

Part 2: For Self-employed, Non-Income Earners, Employees where commissions contribute > 30% of income and Non-Residents of Singapore (In addition to Part 1)

<input type="checkbox"/> 1. Income details	Last Year	2 years ago	3 years ago
Earned Income (salary/ director fees)			
Other Earned Income (bonuses/ commissions)			
Annual Perks and Allowances			
Unearned Income			
Dividends from shares/investment income/ Interests from fixed bank deposits			
Income from rental of properties			
<input type="checkbox"/> Other Income, please specify:			

2. Please list the full address of the properties you own.

	Property Address	% of ownership
<input type="checkbox"/> Property 1		
<input type="checkbox"/> Property 2		
<input type="checkbox"/> Property 3		

3. Details of Main Business Interest

Name of Company					
Nature of Business					
Responsibility and Duties:					
Paid Up Capital		% of ownership		%	When start / brought into Business:

4. Details of Company Account

	Last Year	2 years ago	3 years ago
Revenue			
Gross Profit			
Profit before Tax			
Total Assets			
Total Liabilities			

5. Details of other business interest (if any)

Company Name	Position	Date of Appointment	% of Ownership	
				%
				%

6. Non Income Earner - Please indicate the details of your spouse or parents

Name				Relationship to Insured	
Date of Birth		Occupation		Annual Income	
Details of Insurance Cover	Insurance Company		Type of Cover		Sum Assured

7. Remarks- Please provide any additional information that you feel will be helpful in processing your application.

Confidentiality and Confirmation

AIA Singapore Private Limited ("AIA Singapore") shall at all times maintain all information provided in this questionnaire in strict confidence and shall not in the ordinary course of its business disclose this information or any part thereof without the express authority of the Applicant.

I, the policyholder / Insured confirm that the information provided herein is full, complete and true, and I agree that the information provided forms a part of the policy issued, amended or reinstated where this information is relied upon by AIA Singapore. I will supply adequate proof of the statements made in this document as and when requested by AIA Singapore.

Signature of Policyholder (Applicant/ Owner) / Insured

Date:

Insurance Adviser (IA)'s Name

IA's Code

IA's Unit Name

Mobile No.

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