Mountaineering and rock climbing questionnaire

Questions for insured

1. Type of activity:
   - [ ] Mountaineering
   - [x] Rock climbing

2. How long have you been climbing? (Years/Months)

3. How often do you climb and where do you usually climb?
   Please provide details of the location(s), length of expedition and frequency of trips per annum.

4. Please provide the following information:
   (a) Type of terrain (e.g. rocks, ice, snow, artificial climbing walls etc.)
   (b) Degree of difficulty (easy, moderate, difficult, severe)
   (c) Average height climbed to (in metres)
   (d) Maximum height climbed to (in metres)

5. You usually climb:
   - [ ] Alone
   - [ ] Accompanied

6. Do you intend to climb in the future?
   If yes, please advise the intended location(s) and length of expedition.

   [ ] Yes  [ ] No

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

   [ ] Yes  [ ] No

8. Have you ever suffered from any illness or injury as a result of mountaineering / rock climbing, or have you had an accident while climbing?
   If yes, please provide details.

   [ ] Yes  [ ] No

Details of insured

Name (as shown in NRIC or FIN)  NRIC number or FIN  Proposal number(s)

Product Type
- [ ] Affinity
- [ ] DPS
- [ ] IncomeShield
- [ ] Employee Benefit
- [ ] Life Insurance
<table>
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<tr>
<th>Details of insured</th>
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<tr>
<td>Name (as shown in NRIC or FIN)</td>
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<tr>
<th>Declaration by the proposer and insured</th>
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<tr>
<td>I declare that the answers in this form are true, correct and complete, and I have not withheld any relevant information. I accept full responsibility for them, whether written by me or by anyone else on my behalf.</td>
</tr>
<tr>
<td>I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.</td>
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<td>I confirm that there has been no change in the insured’s health since the completion of the application and all additional declarations made in connection with the application.</td>
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<tr>
<th>Signature of proposer</th>
<th>Signature of insured (for age 16 and above)</th>
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<tr>
<td>Date (dd/mm/yyyy):</td>
<td>Date (dd/mm/yyyy):</td>
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