

Military Questionnaire

WARNING: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Details of insured

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Proposal number(s)
--	--------------------------	--------------------

Questions for insured

1. Are you currently serving as a regular?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is your military rank, vocation and unit?	
3. Which branch of the armed forces are you in (Air Force/Navy/Army)?	
4. Are you currently serving in or under orders to proceed to any troubled areas or will you be deployed for operational duties overseas? If yes, please provide details including area, duration and relevant dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you involved in any hazardous activities? If yes, please tick the ones that are applicable and complete the relevant sections and provide the required details. <input type="checkbox"/> Aviation (please complete section A) <input type="checkbox"/> Bomb disposal or demolition duties (please complete section B) <input type="checkbox"/> Parachuting or free falling activities (please complete section C) <input type="checkbox"/> Diving <input type="checkbox"/> Others (please provide details including type and nature of activity and frequency) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Details</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you suffered any illness or have you ever had any accident whilst involved in the above activities? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section A - Aviation

7. In what capacity do you fly (for example, pilot, co-pilot, student pilot, instructor, member of crew)?
8. What type of aircraft do you fly or travel in (for example, helicopter, fighter, KC-135, transport aircraft, etc)?
9. a. How many years of active flying have you accumulated?
b. How many hours per annum do you fly?
c. What is the number of hours or miles do you expect to fly per annum?

Details of insured

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Proposal number(s)
--	--------------------------	--------------------

Section A - Aviation (continued)

<p>10. Do you engage or intend to engage in aviation in civilian capacity?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>If yes, please provide details including purpose, type of aircraft and number of hours flown or expect to fly per annum.</p> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Section B - Bomb disposal or demolition duties

<p>11. Are you directly involved in demolition work?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>If yes, please state frequency per year.</p> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are you involved in bomb disposal work?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>If yes, please state length of service with the bomb disposal unit.</p> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C - Parachuting or free falling activities

<p>13. Please state the total number of jumps undertaken per year and whether the jumps undertaken are static and/or free falling.</p>	
<p>14. Are you engaged in any special features, such as advanced exhibition, free falling or international parachuting competitions?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>If yes, please provide details.</p> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration by the proposer and insured

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this form and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.

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. I confirm that I understand and agree to the 'Personal Data Use Statement' and declaration set out in my policy application form which I have submitted to Income. I understand that I can refer to Income's [Privacy Policy](#) for more information, including access and correction of my personal data and consent withdrawal. I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.

Signature of proposer <div style="text-align: right; margin-top: 10px;"></div>	Signature of insured (for age 16 and above) <div style="text-align: right; margin-top: 10px;"></div>
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):