

Please send **Your** completed form to **Us** via **Your** intermediary, or direct to Now Health International (Singapore) Pte. Ltd. c/o Tenet Sampo Insurance Pte. Ltd., 50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623. **You** can also scan and email it to SingaporeService@now-health.com or fax it to +65 6220 6950. **Plans** are underwritten by Tenet Sampo Insurance Pte. Ltd.

Section 1: Personal information

Contact name:	Date of birth (dd/mm/yyyy): / /
Email address:	Telephone number:

Section 2: Non-medical questions

1 When and where did **You** learn to fly, and what flying qualifications do **You** hold?

2 How many hours per annum do **You** fly? When did **You** last fly?

3 Please confirm the type of aircraft that **You** fly, including details of the engine size:

4 Do **You** fly for employment purposes? If so please provide details of the flying activities:

5 Do **You** fly for pleasure only? If so please provide details:

6 Do **You** take part in competitions or displays? If so how many events do **You** take part in each year?

I hereby declare that all answers I have given are true and complete.

Signature (Insured/main applicant)*:

Date (dd/mm/yyyy):

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*Signature by **Planholder** if the **Insured Person** is a minor