

## LARGE AMOUNT QUESTIONNAIRE

(To be completed by the applicant)

### PART I

#### 1. PURPOSE OF INSURANCE

- ☐ Family Protection
 ☐ Keyman Insurance Protection  
☐ Estate Duties Protection
 ☐ Loan Repayment/Mortgage Protection  
☐ Others (if give details)

2. Please give details of any existing insurance including Life, Accident or Dread Disease covers in force with our company or other life insurance companies; or any concurrent application on Proposed Insured/Insured, family members and family associates\* (\* For business insurance only)

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:

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

#### 4. ASSETS

Residence (if owned)

Date of Purchase:

Outstanding Mortgage:

Other Properties Owned

Address 1:

Date of Purchase:

Address 2:

Purchase Price:

Current Value:

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:

Residential Property (if rented)

Monthly Rental:

Age and Relationship:

Paid by:

#### 6. LIABILITIES

Mortgage(s):

Personal Loan(s):

Overdraft:

Others:

#### 7. OCCUPATION

Name of the Company:

Nature of Business:

Commencement Date of the Business: \_\_\_\_\_

Insured's Percentage of Ownership of the Co: \_\_\_\_\_

Position Held and for How Long: \_\_\_\_\_

No. of Employees in the Company: \_\_\_\_\_

Authorized Capital: \_\_\_\_\_ Paid-up Capital: \_\_\_\_\_

Total Asset: \_\_\_\_\_ Total Liabilities: \_\_\_\_\_

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

Business Turnover: \_\_\_\_\_

Gross Profit: \_\_\_\_\_

Net Profit: \_\_\_\_\_

Details of Other Businesses Owned

Name: \_\_\_\_\_

Turnover: \_\_\_\_\_ (this year) \_\_\_\_\_ (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 is considered to be so valuable to the company.

Please specify how the sum assured was calculated.

How many other executives are there at this or a higher level?

Are or will other key employees have cover effected on their lives? If "yes", please give details.

Total value of the Proposed Insured's/ Insured's current remuneration (Please submit income tax return for reference).

### 2. FOR PARTNERSHIP INSURANCE

What liabilities arise on the death of the Proposed Insured/Insured?

Are policies effected on all shareholders/ partners? If "yes", please give details.

What is the current valuation on the shares/ partnership? (Please submit Buy & Sell Agreement and current official valuation report for reference).

### 3. FOR LOAN PROTECTION (Please submit Loan Agreement for reference)

Purpose of Loan: ☐ Business Loan ☐ Personal Loan ☐ Mortgage 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 of my/our knowledge, the foregoing statements are true and complete and such disclosures will form part of the basis of this Contract.

Signature of Proposed Insured/Insured: \_\_\_\_\_ Date (day/month/year): \_\_\_\_\_

Signature of Applicant/Owner: \_\_\_\_\_ Date (day/month/year): \_\_\_\_\_