

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)
 11 Collyer Quay #09-00 The Arcade Singapore 049317
 Tel: 6221 2211 Fax: 6221 3302
 Company Registration No. 195700067Z
 www.tenetinsurance.com

**HIGH SUM INSURED QUESTIONNAIRE****IMPORTANT NOTICE**

STATEMENT Pursuant to Section 25(5) of the Insurance Act - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.

1. Name of Proposed Insured:			
2. NRIC No:		Occupation:	
3. Address of Residence:			
4. Name of Employer / Nature of Business:			
5. Date of Birth:		Telephone: (H) (HP) (O)	
6. Residence Particulars: <input type="checkbox"/> Owns Residence – Purchase Price:			
<input type="checkbox"/> Rents Residence – Monthly Rent:			
How long have you lived at residence:			
7. Family Particulars: <input type="checkbox"/> Single <input type="checkbox"/> Married Name of Spouse:			
Number of children under age 21:		Number of People living in residence:	
Number of Cars/Brand owned: 1.		2.	
3.		4.	
8. Income Particulars:			
	<u>Estimated This Year</u>	<u>Last Year</u>	<u>2 Years Ago</u>
Annual Salary:			
Other Income:			
Total Income:			
9. Source of Other Income:			
10. Other Property Owned: 1. <input type="checkbox"/> Residential Premises <input type="checkbox"/> Business Premises <input type="checkbox"/> Land			
Address:			
Approx. Current Value:		Purchase Value:	
Date of Purchase:		Mortgage Amount:	

2. <input type="checkbox"/> Residential Premises <input type="checkbox"/> Business Premises <input type="checkbox"/> Land			
Address:			
Approx. Current Value:		Purchase Value:	
Date of Purchase:		Mortgage Amount:	
11. How long have you been employed in your present place of work:			
12. Additional Information to disclose: (eg. current insurer and sum insured per policy):			
(a) Current Life and Personal Accident policies in force:			
(b) Any concurrent proposals for life assurance or Personal Accident insurances being made and their purpose:			

Signature of Insured

Date

NOTE: The above information is required by our Company to supplement your application for insurance. Please complete all questions. Your answer will be used in strict confidence by our Company.