TRANSAMERICA LIFE BERMUDA LTD

Transamerica Life (Bermuda) Ltd.
Singapore Branch Office
1 Finlayson Green
#13-00
Singapore 049246
Co. Reg. No. F 06768D

Application Supplement
Aviation Questionnaire

Proposed Insured: _____

NRIC/SSN/Passport No: _____ Date of Birth: _____

1. Indicate flying experience: ☐ Non-Commercial ☐ Commercial ☐ Military ☐ Pilot ☐ Crew Member ☐ Other
2. Current type of aviation certificate: _____
3. Has your certificate ever been suspended or revoked? ☐ Yes ☐ No If Yes, give details in Remarks.
4. Current class of medical certificate and expiration date:_____
5. Total hours flown as a pilot in command: _____
6. Do you have an Instrument Flight Rating (IFR)? ☐ Yes ☐ No Number of hours of IFR flying: _____
7. Do you fly outside the country you currently reside in? ☐ Yes ☐ No If Yes, give details in Remarks.
8. Have you had any aviation accidents? ☐ Yes ☐ No If Yes, give details in Remarks.
9. Have you had any aviation citations? ☐ Yes ☐ No If Yes, give details in Remarks.

10. Indicate number of hours flown in each category as a pilot, student pilot, or crew member.

	Type of Flying	Last 12 Months	Last 12-24 Months	Next 12 Months	Date of Last Flight
Non-Commercial	Student				
	Pleasure or Business				
	Other (Racing, Acrobatic, Stunt, etc. Describe in Remarks.)				
Commercial	Scheduled Passenger Airline (Give employer name in Remarks.)				
	Non-Scheduled Passenger and/or Freight Airline				
	Flight Instruction				
	Corporate Owned Planes for Corporate Business				
	Testing (Describe type of testing and aircraft in Remarks.)				
	Crop-dusting				
	Fire Fighting				
	Other (Describe type in Remarks.)				
Military	Active Duty				
	Reserve Duty				

11. Indicate total hours flown by aircraft type.

Civilian	Single Engine Airplane	Multi Engine Airplane	Helicopter	Home Built	Other
Hours flown in Past 12 months					
Hours to be flown in Next 12 months					

Military	Transport MAC	Fighter Bomber	Helicopter	Carrier Based	Proficiency Flying Only, Not Carrier Based	Other
Hours flown in Past 12 months						
Hours to be flown in Next 12 months						

Remarks: _____

_____

_____

12. If an aviation extra premium is required, (check one) ☐ Aviation Coverage is requested. ☐ Aviation Exclusion Rider is applied for.

It is represented that the statements and answers given in this Supplement to the Application are true, complete and correctly recorded. It is agreed that this Supplement shall be a part of the Application to the Company for insurance on the life of the Proposed Insured.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Insured Witness to Signature of Proposed Insured

AGREEMENT OF PROPOSED OWNER IF OTHER THAN PROPOSED INSURED

The Proposed Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this Supplement to the Application. If the Proposed Owner is a corporation, an authorized officer, other than the Proposed Insured must sign as Proposed Owner, give full corporate title and name of corporation with the company stamp below.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Owner Witness to Signature of Proposed Owner

Corporate Title: _____ Corporation Name: _____