



AIA SINGAPORE AIA PLATINUM SERIES LARGE AMOUNT QUESTIONNAIRE

Particulars of Proposed Insured and Policy Owner

Name of Proposed Insured

NRIC/Passport/FIN No.

Name of Policy Owner (if different Proposed Insured)

NRIC/Passport/FIN/Entity Registration No.

Please indicate if information in this document belongs to self

*spouse

*parent

*others:

(*Please note that this person must sign on the last page of LAQ)

Policy Number

All figures in this document are in S\$

US\$

1. Details of Purpose of Insurance Application (Eg. income & family protection, legacy planning, loan protection or any other purpose).

2. Details of Primary Residence

Property Address

Sole ownership

Jointly owned with

Owned by others

Rented

Monthly rental

Paid by

Date of Purchase

Purchase Price

Current Value

Outstanding Mortgage

3. Details of Family

No. of children

Age of children

HNW0002 (12/2014 03/2015 12/2015)



4. Details of Income

Please indicate if the declared figures are for individual joint

	Last Year	2 Years Ago
Earned Income (salary/director fees)		
Other Earned Income (bonuses/commissions)		
Annual Perks and Allowances		
Dividends, investment income, interest from fixed deposits etc.		
Rental Income		
Others (please specify)		
Total Income		

5. Estimated Value of Assets and Liabilities

Please indicate if the declared figures are for individual joint

	Assets		Liabilities
Properties		Mortgages	
Cash		Loans	
Investments		Others (please specify)	
Others (please specify)			
Total Assets		Total Liabilities	

6. Details of Savings Amounts in Various Banks

Bank Name	Exclusive Banking Service (E.g. private, premier, priority banking)	Estimated deposit amount (please indicate currency)

7. Details of Funds and Premium Source

a) Source of Wealth: (Where your wealth derived from) (You may tick more than 1 box.)	<input type="checkbox"/> Employment / Trade Income
	<input type="checkbox"/> Investment income
	<input type="checkbox"/> Rental income
	<input type="checkbox"/> Others, please specify:
b) Source of Funds: (Origin of the funds used to pay premiums) (You may tick more than 1 box.)	<input type="checkbox"/> Employment / Trade Income
	<input type="checkbox"/> Sales of Property
	<input type="checkbox"/> Savings
	<input type="checkbox"/> Maturity of Surrender of Policy or Sale of Investments
	<input type="checkbox"/> Others, please specify:

c) Who will be paying the premium? Self Others

If Others, please answer Question 8.

d) Will there be any premium financing for the policy? Yes No

If yes, please confirm which bank is providing the premium financing.

8. Please provide the following details of the payor (if different from the Proposed Insured) below.

Name: Relationship:

NRIC/Passport/FIN No.: Occupation:

Total existing life insurance coverage (including pending proposals from other company):

If existing life insurance coverage of payor is less than insured, please provide reason:

a) Details of Income

Please indicate if the declared figures are for individual joint

	Last Year	2 Years Ago
Earned Income (salary/director fees)		
Other Earned Income (bonuses/commissions)		
Annual Perks and Allowances		
Dividends, investment income, interest from fixed deposits etc.		
Rental Income		
Others (please specify)		
Total Income		

b) Estimated Value of Assets and Liabilities

Please indicate if the declared figures are for individual joint

	Assets		Liabilities
Properties		Mortgages	
Cash		Loans	
Investments		Others (please specify)	
Others (please specify)			
Total Assets		Total Liabilities	

c) Details of Savings Amounts in Various Banks

Bank Name	Exclusive Banking Service (E.g. private, premier, priority banking)	Estimated deposit amount (please indicate currency)



d) Details of Funds and Premium Source

i) Source of Wealth: (Where your wealth derived from) (You may tick more than 1 box.)	<input type="checkbox"/> Employment / Trade Income
	<input type="checkbox"/> Investment income
	<input type="checkbox"/> Rental income
	<input type="checkbox"/> Others, please specify:
ii) Source of Funds: (Origin of the funds used to pay premiums) (You may tick more than 1 box.)	<input type="checkbox"/> Employment / Trade Income
	<input type="checkbox"/> Sales of Property
	<input type="checkbox"/> Savings
	<input type="checkbox"/> Maturity of Surrender of Policy or Sale of Investments
	<input type="checkbox"/> Others, please specify:

9. For insured who is a non-income earner, please provide the following details of your spouse/parent

Name: Relationship:

Occupation: Annual Earned Income:

Investment / Business Income: Total Income:

Total existing life insurance coverage (including pending proposals from other company):

If existing life insurance coverage of your spouse/parent is less than Insured, please provide reason:

10. Please provide any other details relevant to this application.

11. Details of Properties Owned Other Than Primary Residence

	Property Address	Current Value	Outstanding Mortgage	Sole Ownership/ Jointly owned	% of ownership
Property 1					
Property 2					
Property 3					

12. Details of Main Business Interest

Name of company			
Nature of business			
Insured's responsibilities & duties			
When started / brought into business		Percentage of ownership (%)	

13. Company Financial Background

Authorised Capital		Paid up Capital	
Total Assets		Total Liabilities	

	Last Year	2 Years Ago
Last 2 years' business turnover/volume		
Last 2 years' profit before tax		

14. Details of any projects/contracts currently being handled by the business and their values

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15. Details of other business interests (if any)

Company Name	Position	Date of appointment	Percentage ownership



