



# AIA SINGAPORE ACTIVITIES/PURSUIITS QUESTIONNAIRE

## Particulars of Insured and Policy

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner

NRIC/Passport/FIN No.

## Policy Numbers

## Questions

1. Please describe the activity or pursuit you participate in

Motor sport

Mountaineering/rock climbing

Scuba diving

Others (Please specify below)

2. Do you have formal qualification or certification?

Yes

No

3. What is your level of participation?

Semi-professional/ Professional

Recreational

Attempting records

Stunt performance or automobile testing

4. Please advise the number of times/ events/ dives/ climbs you engage in the activity in the last twelve months?

5. Please provide details on the maximum height, speed, depth involved in the activity.

6. How do you engage in this activity?

Alone

In a group

### **For Motor sport, please complete question (7) & (8)**

7. What type of motor sport do you participate in e.g. circuit racing, drag racing, formula racing, karting, rallies, speedway, stock car racing, time trials?



\*UC00923\*

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8. What type of motor vehicle do you drive? Please state the make, model and engine size?

**For Mountaineering/rock climbing, please complete question (9)**

9. Specify the region you climb in (Please select all that apply)

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> South America | <input type="checkbox"/> Alaska           | <input type="checkbox"/> Asia Pacific            | <input type="checkbox"/> Antarctica |
| <input type="checkbox"/> European Alps | <input type="checkbox"/> Europe elsewhere | <input type="checkbox"/> North America elsewhere | <input type="checkbox"/> Africa     |

**For diving, please complete question (10)**

10. Which of the following diving activities do you participate in? (Please select all that apply)

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Cave diving  | <input type="checkbox"/> Ice diving    | <input type="checkbox"/> Rebreather diving            | <input type="checkbox"/> Pothole diving |
| <input type="checkbox"/> Night diving | <input type="checkbox"/> Cavern diving | <input type="checkbox"/> Exploration of wrecks diving |   |

**Declaration and Authorisation**

I confirm that the answers I have given are true, complete and accurate, and that I have not withheld any material information that may influence the assessment of acceptance of my Application. I acknowledge and confirm that this form constitutes an integral part of and is deemed incorporated into my Application Form for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signature of Insured

*\*Applicable if insured is 16 and above*

Signature of Policy Owner

Date

Date

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.