



AIA SINGAPORE AIA PLATINUM SERIES LARGE AMOUNT QUESTIONNAIRE

(Please note that all questions in this form have to be completed. Indicate "Nil" or "NA" if not applicable. Do not leave blank.)

Particulars of Insured and Policy Owner

Name of Insured	NRIC/Passport/FIN No.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Name of Policy Owner (if different Proposed Insured)	NRIC/Passport/FIN/Entity Registration No.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Policy Numbers

<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>

Please indicate if information in this document belongs to (**Please note that this person must sign on the last page of LAQ*)

Self
 *Spouse
 *Parent
 *Others

All figures in the document are in **S\$** **US\$**

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

<input type="checkbox"/> Income & Family protection	<input type="checkbox"/> Loan protection
<input type="checkbox"/> Legacy / Estate planning	<input type="checkbox"/> Retirement planning

2. 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		



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3. 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	

4. Details of Savings Amounts in Various Banks

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

5. Details of Properties Owned Including Primary Residence

	Property Address	Current Value	Outstanding Mortgage	% of ownership
Property 1 (Primary Residence)				
Property 2				
Property 3				
Property 4				

6. Do you have any business interest?

Yes No

If Yes, please provide details as below:

a) Main Business Interest

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

b) Company Financial Background

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

c) Details of other business interests (if any)

Company Name	Position	Date of appointment	Percentage ownership

7. For insured who is a non-income earner, please provide the following details of the working 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 working spouse/parent is less than Insured, please provide reason:

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 working spouse/parent 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.)

Employment / Trade Income

Investment income

Rental income

Others, please specify:

ii. **Source of Funds**
 (origin of the funds used to pay premiums)
 (you may tick more than 1 box.)

- Employment / Trade Income
- Sales of Property
- Saving
- Maturity Surrender of Policy or Sale Investment
- Other, please specify:

Confidentiality and Confirmation

AIA Singapore Private Limited ("AIA Singapore") shall at all times maintain all information provided in this Questionnaire in strict confidence and shall not in the ordinary course of its business disclose this information or any part thereof without the express authority of the Applicant.

I, the Policyowner/Insured confirm that the information provided herein is full, complete and true, and I agree that the information provided forms a part of any policy issued, amended or reinstated where this information is relied upon by AIA Singapore.

Signature of Insured

Date:

Signature of Spouse / Parent / Others

Date:

Name:

Relationship to Insured:

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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