



# AIA SINGAPORE RESIDENCY AND TRAVEL QUESTIONNAIRE

## 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	NRIC/Passport/FIN No.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

## Policy Numbers

<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
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## Questions

1. Please state your Nationality.
  
2. Please provide your current country of residence.
  
3. Please state how long you have been residing in your current country of residence.
  
4. Which country does your spouse and/or children reside?
  
5. In which country do you have permanent or temporary residence status?  

Name of Country	Residency Status (i.e. citizen, PR, work permit, etc)
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6. For the past 12 months, what amount of time do you spend in various countries, specifying any particular country in which you spend more than 1 month in total? Kindly indicate the total time spent there and the purpose of travel.  

Country/Cities	Duration of each trip	Frequency (p.a)	Purpose of Travel (Business/Residence/Emigration, Others, please specify)
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\*J290422\*

7. Do you plan to travel outside your current primary country of residence in the next 12 months?

Yes       No

If **Yes**, please complete the following table.

Country/Cities	Duration of each trip	Frequency (p.a)	Purpose of Travel (Business/Residence/Emigration/ Others, please specify)

8. Please provide any additional information on your residence and travel that may be helpful in processing your application.

**Declaration and Authorisation**

I hereby declare and agree that the above particulars and answer are complete and true, and this questionnaire will form part of the contract for the desired insurance on my life. I also authorise AIA Singapore Private Limited to obtain, if necessary, confidential reports from any doctor/clinic/hospital that I have referred above.

Signature of Insured

Date

Signature of Policy Owner

*\* Applicable if Insured is under age 16*

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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