



AIA SINGAPORE RESIDENCY AND TRAVEL QUESTIONNAIRE

WARNING: In accordance with Section 25(5) of the Insurance Act, as may be amended from time to time, you are to fully and faithfully disclose in this Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

Particulars of Insured and Policy Owner

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner (if different from Insured)

NRIC/Passport/FIN No.

Policy Numbers

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)

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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AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246
Monday – Friday: 8.45am – 5.30pm
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

7. Do you plan to travel outside your current primary country of residence in the next 24 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 answers are complete and true, and this questionnaire will form part of the contract for the desired insurance on the life of the Insured. I understand that I may be required to provide proof of my statements made above.

Signature of Insured

Date

Signature of Policy Owner

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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