



Application No.

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General Occupation Questionnaire

Important Note:

- Insurance is a contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
- This questionnaire is to be filled by the Proposed Insured / Proposed Owner in BLOCK LETTERS and please do not sign on blank form.

Personal details of Proposed Insured / Owner

Name of Proposed Insured:

NRIC No.:

Name of Proposed Owner:

NRIC No.:

Declaration by Proposed Insured / Proposed Owner

1. What is your occupation?
State all occupations if more than one.

2. Description of nature of work performed.

3. What percentage of your work time is taken up with: Explanation

a) Administration :	_____ %	_____
b) Supervision :	_____ %	_____
c) Manual :	_____ %	_____
d) Travel :	_____ %	_____

4. Do your duties involve lifting or moving heavy goods?
If yes, please give full details.

Yes No

5. Do your duties involve working under grounds or at heights?
If yes, please give full details.

Yes No

a) Maximum depth or height and frequency involved

b) Equipment used to get to depth or height
(e.g. lifts, steel platform, ladders)

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6. Do your duties involve high voltages?

If yes, please state maximum and minimum voltage involved.

Yes No

7. Do your duties involve working with chemicals, gases or explosives?

If yes, please give full details.

Yes No

8. Do your duties involve working with any type of equipment? (E.g. tower crane, gondola, scaffoldings, bulldozers etc.)

If yes, please give frequency and height involved.

Yes No

9. Do your duties involve working on board of vessels?

If yes, please give following details

Yes No

a) Type of vessels (eg ocean liners, passenger or cargo vessels, barges, oil-tankers etc)

b) Location / Journey

10. Do your duties involve regular travel in a privately owned or chartered aircraft?

If yes, please state average no of flying hours per annum as a crew passenger.

Yes No

11. Have you ever had accident while performing the above duties?

If yes, please give full details.

Yes No

12. Have your health ever been affected by the type of work you do?

If yes, please give full details

Yes No

Declaration and authorization

I, the undersigned, hereby confirm that the above answers, given by me, are full, complete and true and agree that they form part of any policy, where these answers are or may be, relied upon by the company.

Date

Signature of Proposed Insured

Signature of Proposed Owner
(if different from Proposed Insured)