

Military Questionnaire

Name:

NRIC:

Policy/Application Number:

1. Please provide service, division or unit and rank details:

2. Are you full-time, part-time (e.g. reserve or territorial) or retired?

3. Where you are currently stationed?

4. Do you expect to be re-stationed or relocated?

Yes No

If yes, please provide details:

5. Please provide details of your actual duties:

Duties	% of time
	100%

6. Do you participate in any of the following activities:

- a) Weapons handling Yes No
- b) Explosives handling including demolition and ordnance disposal Yes No
- c) Underwater diving Yes No
- d) Aviation (please indicate whether pilot or crew, type of aircraft, annual flying hours etc.) Yes No
- e) Parachuting Yes No
- f) Special services Yes No
- g) Overseas peace keeping mission Yes No

If you answered yes to any of the above questions, please provide full details:

7. Have you been alerted or placed on notice for overseas duties?

Yes No

If yes, please provide details:

8. Please provide any additional information that you feel is important:

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name

Signature

Date