

AIA SINGAPORE RESIDENCY AND TRAVEL QUESTIONNAIRE

Nam	ne of Insured	nsured and Policy Owner		NRIC/Passport/FIN No.					
]					
Van	ne of Policy O	wner		NRIC/Passport/FIN No.					
Pol	icy Number	s							
Our	estions								
gue									
1.	Please stat	e your Nationality.							
2.	Please state your current city/country of residence and how long you have been residing there.								
3.	Which country does your spouse and/or children reside?								
4.	In which co	untry do you have permanent o	or temporary residence status?						
		Name of Country	Residency Status (i.e. citizen, PR, work permit, etc)						
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_	Can tha mad								
5.			me do you spend in various countries indicate the total time spent there and						
5.			indicate the total time spent there and	the purpose of travel. Purpose of Travel					
5.				the purpose of travel.					
5.		e than 1 month in total? Kindly	ndicate the total time spent there and Duration	the purpose of travel. Purpose of Travel (Business/Residence/Emigration/Others,					



6.	Do you pla Yes	n to travel outside your current prii No	mary country	of re	esidence in the nex	t 24 months?						
	If Yes , plea	ase complete the following table.										
	, ,	Name of Country and City	(Need not		ation continuous stay)	Purpose of (Business/Residence/E please sp	Emigration/Others,					
	Within next 24 Months											
7.	Please pro	vide any additional information on	your residen	ce ar	nd travel that may l	be helpful in processing	your application.					
Dec	laration an	d 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 understand that I may be required to provide proof of my statements made above.												
Sigr	nature of Insu	red		Signature of Policy Owner * Applicable if Insured is under age 16								
Date	•				Date							
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FSC	C/IR's Name		FSC/IR's Co	ue	FSC/IR Unit Name		Mobile No.					