



# AIA SINGAPORE AIA PLATINUM SERIES LARGE AMOUNT QUESTIONNAIRE

(Please note that all questions in this form have to be completed. Indicate "Nil" or "NA" if not applicable. Do not leave blank.)

## Particulars of Proposed Insured and Policy Owner

Name of Proposed Insured

NRIC/Passport/FIN No.

Name of Policy Owner (if different Proposed Insured)

NRIC/Passport/FIN/Entity Registration No.

Please indicate if information in this document belongs to  self

\*spouse

\*parent

\*others:

(\*Please note that this person must sign on the last page of LAQ)

## Policy Number

All figures in this document are in  S\$  US\$

**1. Details of Purpose of Insurance Application** (Eg. income & family protection, legacy planning, loan protection or any other purpose).

**2. Details of Income**

Please indicate if the declared figures are for  individual  joint

	Last Year	2 Years Ago
<b>Earned Income</b> (salary/director fees)		
<b>Other Earned Income</b> (bonuses/commissions)		
<b>Annual Perks and Allowances</b>		
<b>Dividends, investment income, interest from fixed deposits etc.</b>		
<b>Rental Income</b>		
<b>Others</b> (please specify)		
<b>Total Income</b>		

**3. Estimated Value of Assets and Liabilities**

Please indicate if the declared figures are for  individual  joint

	Assets	Liabilities
<b>Properties</b>		<b>Mortgages</b>
<b>Cash</b>		<b>Loans</b>
<b>Investments</b>		<b>Others</b> (please specify)
<b>Others</b> (please specify)		
<b>Total Assets</b>		<b>Total Liabilities</b>

HNW0002 (03/2015 09/2015 04/2018)



AIA Singapore Private Limited (Reg No. 201106386R)  
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246  
Monday to Friday: 8.45am – 5.30pm  
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

**4. Details of Savings Amounts in Various Banks**

Bank Name	Exclusive Banking Service (E.g. private, premier, priority banking)	Estimated deposit amount (please indicate currency)

**5. Details of Properties Owned Including Primary Residence**

Property Address	Current Value	Outstanding Mortgage	Sole Ownership/ Jointly owned	% of ownership
<b>Property 1</b> (Primary Residence)				
<b>Property 2</b>				
<b>Property 3</b>				
<b>Property 4</b>				

**6. Details of Main Business Interest**

Name of company

Nature of business

Insured's responsibilities & duties

When started / brought into business  Percentage of ownership (%) in business

**7. Company Financial Background**

<b>Authorised Capital</b>		<b>Paid up Capital</b>	
<b>Total Assets</b>		<b>Total Liabilities</b>	

	Last Year	2 Years Ago
<b>Last 2 years' business turnover/volume</b>		
<b>Last 2 years' profit before tax</b>		

**8 . Details of other business interests (if any)**

Company Name	Position	Date of appointment	Percentage ownership

**9. For insured who is a non-income earner, please provide the following details of the working spouse/parent**

Name:  Relationship:

Occupation:  Annual Earned Income:

Investment / Business Income:  Total Income:

Total existing life insurance coverage (including pending proposals from other company):

If existing life insurance coverage of working spouse/parent is less than Insured, please provide reason:

**10. Please provide the following details of the payor (if different from the Proposed Insured) below**

Name:  Relationship:

NRIC/Passport/FIN No.:  Occupation:

Total existing life insurance coverage (including pending proposals from other company):

If existing life insurance coverage of working spouse/parent is less than Insured, please provide reason:

**a) Details of Income**

Please indicate if the declared figures are for  individual  joint

	Last Year	2 Years Ago
<b>Earned Income</b> (salary/director fees)		
<b>Other Earned Income</b> (bonuses/commissions)		
<b>Annual Perks and Allowances</b>		
<b>Dividends, investment income, interest from fixed deposits etc.</b>		
<b>Rental Income</b>		
<b>Others</b> (please specify)		
<b>Total Income</b>		

**b) Estimated Value of Assets and Liabilities**

Please indicate if the declared figures are for  individual  joint

	Assets		Liabilities
<b>Properties</b>		<b>Mortgages</b>	
<b>Cash</b>		<b>Loans</b>	
<b>Investments</b>		<b>Others</b> (please specify)	
<b>Others</b> (please specify)			
<b>Total Assets</b>		<b>Total Liabilities</b>	



**c) Details of Savings Amounts in Various Banks**

Bank Name	Exclusive Banking Service (E.g. private, premier, priority banking)	Estimated deposit amount (please indicate currency)

**d) Details of Funds and Premium Source**

i) <b>Source of Wealth</b> (Where your wealth derived from) (you may tick more than 1 box.)	<input type="checkbox"/> Employment / Trade Income
	<input type="checkbox"/> Investment income
	<input type="checkbox"/> Rental income
	<input type="checkbox"/> Others, please specify:
ii)  <b>Source of Funds:</b> (origin of the funds used to pay premiums) (you may tick more than 1 box.)	<input type="checkbox"/> Employment / Trade Income
	<input type="checkbox"/> Sales of Property
	<input type="checkbox"/> Saving
	<input type="checkbox"/> Maturity Surrender of Policy or Sale Investment
	<input type="checkbox"/> Other, please specify:

**Confidentiality and Confirmation**

AIA Singapore Private Limited ("AIA Singapore") shall at all times maintain all information provided in this Questionnaire in strict confidence and shall not in the ordinary course of its business disclose this information or any part thereof without the express authority of the Applicant.

I, the Policyowner/Insured confirm that the information provided herein is full, complete and true, and I agree that the information provided forms a part of any policy issued, amended or reinstated where this information is relied upon by AIA Singapore.

Signature of Proposed Insured/Policy Owner

Name: Date:
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Signature of Insurance Representative (IR)

Name: Date:
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Signature of Spouse / Parent / Others

Name: Date:
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Relationship to Insured:

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