Manulife

AVIATION QUESTIONNAIRE

WARNING: STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142): YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID

Name of Life Insured: _____ **NRIC:** _____
(To be completed by parent/guardian if the life insured is below 18 years old)

Policy Number: _____

1. Type of valid license currently held:
   ☐ Student Pilot ☐ Commercial Pilot ☐ Airline Transport Pilot ☐ Private Pilot
   ☐ Recreational ☐ Others *(please specify):* _____

2. Do you hold a valid instrument rating? ☐ Yes ☐ No

3. Number of annual hours flown as pilot or crew:

	As Pilot, Co-Pilot, Student Pilot or Aircrew		
	Next 12 months	**Last 12 months**	**Last 12-24 months**
Flying Time (Hours)			

4. How many years of active flying have you accumulated? : _____ (years)

5. Date of last flight: _____ (dd/mm/yyyy)

6. Purpose of current flying *(check all that apply)* :
   ☐ Pleasure ☐ Business ☐ Commercial ☐ Military

7. Will you be changing your flying activities in the future? ☐ Yes ☐ No
   If **yes**, please provide details:

   _____

8. What type of aircraft do you now fly? *(check all that apply) :*
   ☐ Helicopters ☐ Gliders ☐ Fixed Wing ☐ Conventional Aircraft
   ☐ Jet ☐ Multi Engine ☐ Single Engine ☐ Propeller
   ☐ Combat Aircraft
   ☐ Others *(please specify):* _____

9. Indicate, if you engage in any of the following types of aviation activities: (check all that apply):
   ☐ Aerobatics ☐ Bush Pilots ☐ Advertising ☐ Commercial Photography
   ☐ Air Taxi ☐ Charter ☐ Instruction ☐ Game & Fisheries
   ☐ Ambulance ☐ Crop Dusting ☐ Mapping ☐ Power Line Inspection
   ☐ Helicopter ☐ Commuter Carriers ☐ Major Airlines ☐ Search & Rescue
   ☐ Sight-seeing ☐ Freight Transport ☐ Traffic Control ☐ Forest Fire Fighting
   ☐ Test ☐ Pipe ☐ Survey ☐ Air Sea Rescue

Manulife (Singapore) Pte. Ltd.
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10. Have you ever had an accident, been grounded or fined for a violation of air regulations? ☐ Yes ☐ No

11. Have you had any illness associated with your duties? ☐ Yes ☐ No
If yes, please provide details:

_____

If a material fact is not disclosed in this Application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application.

_____ _____

Signature of Life Insured/Owner Date

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)

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