Manulife

AVOCATION 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: _____

Please answer only those questions which relate to the activities of the Proposed Life Insured.

Skin and Scuba Diving Questions

1. a) Please Indicate type of diving: *(select all applicable)*

☐ Instruction ☐ Construction ☐ Salvage ☐ Search work ☐ Technical Diving
☐ Ice Diving ☐ Night Diving ☐ Cave Diving ☐ Wreck Diving ☐ Free Diving
☐ Open Water ☐ Pleasure Diving

b) Give details: _____

2. Where do you dive?
☐ Coastal Water/Reef ☐ Deep Sea ☐ Resort Level Training

☐ Others please specify: _____

b)

Diving History	Last 12 months		Next 12 months	
	No. of dives	Average time (per hours)	No. of dives	Average time (per hours)
Less than 65 ft (<20m)				
Over 65-130 ft (>20-40 m)				
Over 130-200ft (>40-60 m)				
Over 200 ft (> 60 m)				

3. Do you dive alone? ☐ Yes ☐ No

4. a) Are you an active member of a diving club, e.g. .BSAC, PADI etc? ☐ Yes ☐ No

If yes, please specify: _____

5. a) When were you last medically examined for diving purposes? ☐ Yes ☐ No
If yes, please give details: _____

b) Were any restrictions imposed advised by Doctor? ☐ Yes ☐ No
If yes, please give details: _____

6. Have you ever had an accident related to diving? ☐ Yes ☐ No
If yes, please give details:
i) Date of accident(s):_____
ii) Details of injury and severity: _____
iii) Date of last medical consultation relating to the injury :_____

Manulife (Singapore) Pte. Ltd.
Reg. No. 198002116D
8 Cross Street #15-01, Manulife Tower, Singapore 048424 Tel: 67371221 Website: www.manulife.com.sg

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Mountain Climbing Questionnaire

1. How long have you been mountain climbing? _____
2. a) Type of terrain:

   ☐ Trail ☐ Rock ☐ Ice ☐ Snow ☐ Glacier ☐ Artificial wall climbing

   ☐ Others please specify: _____

   b) Degree of difficulty: ☐ Easy ☐ Moderate ☐ Difficult ☐ Severe

   c) Maximum height climbed? _____

   d) Season(s) of the year climbed? _____

   e) How often do you climbed? _____

3. Give climbing locations (for the past 3 years) including names of mountains and equipment typically used. _____
4. Do you ever climb alone or without a rope? ☐ Yes ☐ No

   If yes, please indicate how often, location and degree of difficulty_____
5. Have you had any accidents related to climbing? ☐ Yes ☐ No

   If yes, please give details _____
6. Do you plan to go on any climbing expeditions in the next 2 years? ☐ Yes ☐ No

   If yes, please give full details, including area, length of expedition and frequency of trips.

   _____

Organized Automobile, Motorcycle and Power Boat Racing Questionnaire

1. Type of vehicle used:

   ☐ Automobile: _____ ☐ Power boat: _____ ☐ Motorcycle: _____
2. What class of racing or competition do you engage in? (e.g: Motorcyle-hill climbing,cross country, drag, track, etc; Power boat-drag racing, circular tracks, jet boat racing, etc.)

Type of Races	Last 12 months			12-24 months ago			Next 12 months		
	Races	Average Speed	Maximum speed attained	Races	Average Speed	Maximum speed attained	Races	Average Speed	Maximum speed attained

3. If drag racing, what is the elapsed time? _____mph
4. Purpose of racing : ☐ Professional ☐ Amateur ☐ Both-Give details: _____
5. Have you ever done or do you intend to do any stunt/acrobatics driving? ☐ Yes ☐ No

   If yes, provide details: _____
6. Have you had any accidents related to driving? ☐ Yes ☐ No

   If yes, provide details: _____

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Sky Diving and Parachuting Questionnaire

1. a) How long have you been sky diving? _____ (years)

   b) Do you participate as an amateur or a professional? ☐ Amateur ☐ Professional

2.

Numbers of jumps :	Static Jumps	Free-Fall
i) over last 12 months		
ii) 12-24 months ago		
iii) expect to make in next 12 months		

3. From what altitude do you normally jump?_____

4. Are you a member of a recognised Parachute Club? ☐ Yes ☐ No
   If yes, please give details._____

5. Do you participate in exhibitions, records attempts, ☐ Yes ☐ No
   competitions and/or experimental rigging with use of equipment?
   If yes, please give details including nature of jumps, frequency etc)_____

6. Do you receive remuneration for sky diving activities? ☐ Yes ☐ No
   If yes, please give details._____

7. Are you a member of a military parachutist organization? ☐ Yes ☐ No
   If yes, please give details._____

8. Have you had any accidents related to sky diving? ☐ Yes ☐ No
   If yes, please give details
   i) Date of accident(s): _____
   ii) Details of injury and severity: _____
   iii) Date of last medical consultation relating to the injury: _____

Hang Gliding Questionnaire

1. Are you a member if an organized club? ☐ Yes ☐ No
   If yes, please specify: _____

2. Do you hang glide professionally? ☐ Yes ☐ No
   If yes, please specify: _____

3. Do you hang glide with certified air frame? ☐ Yes ☐ No
4. Do you have record of towing or motorized? ☐ Yes ☐ No

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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