PARTNERSHIP INSURANCE 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 Proposed Life Insured: _____ **NRIC:** _____

Policy Number: _____

Income Details of Proposed Life Insured for the last 3 years:

	Current Year	Previous Years	
Annual earned income			
Annual value of "perks"			

(For sum insured exceeding S$1.5million, please enclose income tax returns/income evidence for last 3 years).

PARTNERSHIP INSURANCE (Buy / Sell).

(a) A copy of the buy / sell agreement must be submitted.

(b) Please enclose a full set of Annual Reports & Accounts for the last 3 years if the total sum insured for all partners exceeds S$1 million.

1) Is there an Option Agreement or Buy and Sell Agreement? Please give full details.

_____

_____

_____

_____

_____

2) What valuation has been placed on the business?

_____

_____

_____

_____

_____

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

3) On what basis was the business valued or how was the sum insured been calculated?

_____

_____

_____

_____

4) Has the valuation been performed by a professional adviser? ☐ Yes ☐ No
Is yes, advice name and qualification of the adviser?

_____

_____

5) Is every partner insured or being insured? ☐ Yes ☐ No

If yes, please give details of insurance in-force or solicited simultaneously on all partners.

_____

_____

If no, please explain why the other partners are not covered.

_____

_____

6) Details of business information:

a) Principal activity: _____

b) How long has the business been operating?

_____

c) How many employees does the business have?

Full-time: _____ Part-time: _____

d) Are you a shareholder in the Company? ☐ Yes ☐ No

If yes, please state percentage owned by you: ☐ %

What percentage is owned by your spouse (if any)? ☐ %

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e) Company's Financial results for the last 3 years :

	Year :	Year :	Year :
Turnover			
Gross Profit			
Net Profit before tax			
Fixed Assets			
Current Assets			
Current Liabilities			
Long Term Liabilities			
Directors' fee			
Directors' remuneration			

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 it is an incorporated company, please affix company's stamp)

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)

Accountant's Statement

I confirm that the above statements are correct.

Name and Address of Accountant:

_____

Qualifications:_____

_____ _____

Signature of Accountant Date

(If it is an incorporated company, please affix company's stamp)

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