Manulife

TRAVEL 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. How long have you been travelling? Please state the number of years:_____

2. How frequent do you travel? If yes, please provide the following travel details.

Last 12 months					
Country	Cities Visit	Duration of Stay Per Visit	Frequency of Visits Per Year	Date of Last Visit	Purpose of Travel

Current month					
Country	Cities Visit	Duration of Stay Per Visit	Frequency of Visits Per Year	Date of Last Visit	Purpose of Travel

next 12 months					
Country	Cities Visit	Duration of Stay Per Visit	Frequency of Visits Per Year	Date of Last Visit	Purpose of Travel

3. What is the mode of transport?
By commercial flight: ☐ Yes ☐ No
By helicopter / private aircraft: ☐ Yes ☐ No If yes, please state :

Frequency per year: _____ Hours of flight per trip (average): _____

Other mode of transport: _____

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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